Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
WESTERN DISTRICT OF PENNSYLVANIA		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	☐ Check if this is an amended filing

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
		e the name that is on	Devin	
		government-issued re identification (for	First name	First name
		nple, your driver's se or passport).	J	
		, , ,	Middle name	Middle name
		your picture tification to your	Rostron	
		ting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.		ther names you have I in the last 8 years		
	maid assu	de your married or len names and any med, trade names and g business as names.	FDBA Devin's Snow Removal	
	any s such partr	IOT list the name of separate legal entity as a corporation, hership, or LLC that is iling this petition.	FDBA Lake Erie Landscaping	
3.	your num Indiv	the last 4 digits of Social Security ber or federal vidual Taxpayer tification number	xxx-xx-9257	

De	otor 1 Devin J Rostron		Case number (if known)
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Your Employer Identification Number (EIN), if any.	EIN	EIN
5.	Where you live	1134 East 35th Street Erie, PA 16504 Number, Street, City, State & ZIP Code  Erie County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2 lives at a different address:  Number, Street, City, State & ZIP Code  County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for bankruptcy	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one:  ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

7.	The chapter of the Bankruptcy Code you are				each, see <i>Notice Required by</i> 1 age 1 and check the appropriate	11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy e box.
	choosing to file under	☐ Cha	pter 7			
		☐ Cha	pter 11			
		☐ Cha	pter 12			
		■ Cha	pter 13			
3.	How you will pay the fee	— а о	bout how yo	ou may pay. Typica attorney is submit	ally, if you are paying the fee you	with the clerk's office in your local court for more detail urself, you may pay with cash, cashier's check, or mone alf, your attorney may pay with a credit card or check wit
		□ I	need to pa	y the fee in instal		n, sign and attach the Application for Individuals to Pay
			•	·	Official Form 103A).	only if you are filing for Chapter 7. By law, a judge may
		b a	ut is not rec pplies to yo	uired to, waive yo ur family size and	ur fee, and may do so only if you you are unable to pay the fee in	ur income is less than 150% of the official poverty line the installments). If you choose this option, you must fill outial Form 103B) and file it with your petition.
١.	Have you filed for bankruptcy within the last 8 years?	■ No.				
	iast o years:	☐ Yes.	District		When	Case number
			District		When	Case number Case number
			District		When	Case number
			District		when	Case number
0.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	■ No				
			Debtor			Relationship to you
			District		When	Case number, if known
			Debtor			Relationship to you
			District		When	Case number, if known
1.	Do you rent your	■ No.	Go to	ine 12.		
	residence?	☐ Yes.	Has yo	our landlord obtain	ed an eviction judgment against	you?
				No. Go to line 12		
			_	Yes. Fill out <i>Initia</i>	al Statement About an Eviction J	ludgment Against You (Form 101A) and file it as part of

Case number (if known)

Debtor 1 Devin J Rostron

Deb	otor 1 Devin J Rostron				Case number (if known)
Par	Report About Any Bu	ısinesses	You Owi	n as a Sole Proprieto	or
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	e and location of busi	ness
	A sole proprietorship is a				
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			e of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Numl	per, Street, City, State	e & ZIP Code
	it to this petition.		Chec	k the appropriate box	to describe your business:
				Health Care Busine	ess (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real I	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as de	fined in 11 U.S.C. § 101(53A))
				Commodity Broker	(as defined in 11 U.S.C. § 101(6))
				None of the above	
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?	deadline	s. If you in ns, cash-f	ndicate that you are a low statement, and fe	ourt must know whether you are a small business debtor so that it can set appropriate small business debtor, you must attach your most recent balance sheet, statement of deral income tax return or if any of these documents do not exist, follow the procedure
	For a definition of small business debtor, see 11	■ No.	Iam	not filing under Chapt	er 11.
	U.S.C. § 101(51D).	□ No.	I am t Code		1, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.			1, I am a small business debtor according to the definition in the Bankruptcy Code, and I under Subchapter V of Chapter 11.
		☐ Yes.			1, I am a small business debtor according to the definition in the Bankruptcy Code, and Subchapter V of Chapter 11.
Par	t 4: Report if You Own or	Have Any	/ Hazardo	ous Property or Any	Property That Needs Immediate Attention
14.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat	☐ Yes.			
	of imminent and identifiable hazard to public health or safety?		What is	the hazard?	
	Or do you own any property that needs immediate attention?			diate attention is why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where i	s the property?	Number Circus City Octob 9 7's Octob
					Number, Street, City, State & Zip Code

#### Part 5:

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 ☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Der	Devin J Rostron			Case numi	oer (if known)
Par	t 6: Answer These Quest	ions for R	eporting Purposes		
16.	What kind of debts do you have?	16a.	individual primarily for a pe	r consumer debts? Consumer debts are de ersonal, family, or household purpose."	efined in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.		
			Yes. Go to line 17.		
		16b.		business debts? Business debts are debt envestment or through the operation of the bu	
			☐ No. Go to line 16c.		
			☐ Yes. Go to line 17.		
		16c.	State the type of debts you	u owe that are not consumer debts or busing	ess debts
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chap	ter 7. Go to line 18.	
	Do you estimate that after any exempt property is excluded and	☐ Yes.		7. Do you estimate that after any exempt pro available to distribute to unsecured creditor	operty is excluded and administrative expenses s?
	administrative expenses		□ No		
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes		
18.	How many Creditors do	<b>1</b> -49		□ 1,000-5,000	□ 25,001-50,000
	you estimate that you	■ 1-49 □ 50-99		☐ 5001-10,000	□ 50,001-100,000
	owe?	☐ 100-1		☐ 10,001-25,000	☐ More than100,000
		□ 200-9	99		
19.	How much do you	□ \$0 - \$	50,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion
	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion
			001 - \$500,000 001 - \$1 million	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion
20.	How much do you	□ \$0 - \$	50,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion
	estimate your liabilities to be?		001 - \$100,000	\$10,000,001 - \$50 million	\$1,000,000,001 - \$10 billion
		_ ' '	001 - \$500,000	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion
		<b>□</b> \$500,	001 - \$1 million	□ \$100,000,001 - \$500 million	More than \$50 billion
Par	t 7: Sign Below				
For	you	I have ex	amined this petition, and I c	declare under penalty of perjury that the info	ermation provided is true and correct.
		If I have of United St	chosen to file under Chapte tates Code. I understand the	er 7, I am aware that I may proceed, if eligible e relief available under each chapter, and I	e, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7.
				id not pay or agree to pay someone who is r I the notice required by 11 U.S.C. § 342(b).	not an attorney to help me fill out this
		I request	relief in accordance with th	e chapter of title 11, United States Code, sp	pecified in this petition.
		bankrupt and 3571	cy case can result in fines u I.	ent, concealing property, or obtaining money up to \$250,000, or imprisonment for up to 20	or property by fraud in connection with a page 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519
			n J Rostron	Signature of Deb	tor 2
			Rostron e of Debtor 1	Signature of Deb	IUI Z
		Executed	d on November 18, 202	24 Executed on	
			MM / DD / YYYY		M / DD / YYYY

Debtor 1	Devin J Rostron	Case number (if known)	

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Rebeka A Seelinger Esq. Signature of Attorney for Debtor	Date	November 18, 2024 MM / DD / YYYY
Rebeka A Seelinger Esq.		
Printed name		
Seelinger Law Corporation		
Firm name		
4640 Wolf Road		
Erie, PA 16505		
Number, Street, City, State & ZIP Code		
Contact phone <b>814 824 6670</b>	Email address	rebeka@seelingerlaw.com
PA ID 93897 PA		
Bar number & State		

Fill	in this information to identify	your case:			
Deb	tor 1 Devin J Ros	tron			
	First Name	Middle Name	Last Name		
	tor 2 use if, filing) First Name	Middle Name	Last Name		
	. 3,				
Uni	ed States Bankruptcy Court for	the: WESTERN DISTRIC	CT OF PENNSYLVANIA		
Cas (if kn	e number 			_	k if this is an
				amer	nded filing
Of	icial Form 106Sur	m			
Su	mmary of Your Asse	ets and Liabilities	and Certain Statistical Information		12/15
			ople are filing together, both are equally responsible		
			te the information on this form. If you are filing amen heck the box at the top of this page.	ded schedu	ules after you file
		-			
Par	Summarize Your Assets	<u>s</u>			
					assets of what you own
				value	or what you own
1.	Schedule A/B: Property (Offi 1a. Copy line 55, Total real es	icial Form 106A/B) state, from Schedule A/B		\$	131,000.00
	1b. Copy line 62, Total person	nal property, from Schedule A	VB	\$	49,713.36
	1c. Copy line 63, Total of all p	roperty on Schedule A/B		\$	180,713.36
Par	2: Summarize Your Liabili	ities			
				Your	iabilities
					nt you owe
2.	Schedule D: Creditors Who Ha 2a. Copy the total you listed in		perty (Official Form 106D) a, at the bottom of the last page of Part 1 of Schedule D	. \$	140,310.00
3.	Schedule E/F: Creditors Who			\$	0.00
	Sa. Copy the total claims from	TPart 1 (priority unsecured t	claims) from line 6e of Schedule E/F	Ψ	
	3b. Copy the total claims from	n Part 2 (nonpriority unsecur	ed claims) from line 6j of Schedule E/F	\$	55,361.04
			Your total liabilitie	s \$	195,671.04
					<i>,</i>
Par	3: Summarize Your Incom	e and Expenses			
		-			
4.	Schedule I: Your Income (Offic Copy your combined monthly	cial Form 106I) income from line 12 of <i>Sche</i>	dule I	\$	4,481.71
5.	Schedule J: Your Expenses (Copy your monthly expenses			\$	2,272.28
Par	4: Answer These Question	ns for Administrative and S	Statistical Records		
6.	Are you filing for bankruptcy  No. You have nothing to	•	13?  n. Check this box and submit this form to the court with y	our other sc	chedules.
	<b>-</b>	·	,		
7.	■ Yes What kind of debt do you ha	ive?			

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 5,981.58

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cla	aim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

Debtor 1	Devin J Rostron		
	First Name Mi	ddle Name Last Name	
ebtor 2 Spouse, if filing)	First Name Mi	ddle Name Last Name	
nited States I	Bankruptcy Court for the: WESTE	RN DISTRICT OF PENNSYLVANIA	
ase number			☐ Check if this is amended filing
	orm 106A/B		
chedu	Ile A/B: Property		12/15
Do you own o	r have any legal or equitable interest	n any residence, building, land, or similar property?	
No. Go to F		n any residence, building, land, or similar property?	
No. Go to F  Yes. When	Part 2. e is the property?	n any residence, building, land, or similar property?  What is the property? Check all that apply	
No. Go to F ■ Yes. When  1 1134 E 3	Part 2.		Do not deduct secured claims or exemptions. Pu the amount of any secured claims on Schedule I Creditors Who Have Claims Secured by Property
No. Go to F ■ Yes. When  1 1134 E 3	Part 2. e is the property?  B5th Street	What is the property? Check all that apply  Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home	the amount of any secured claims on Schedule L
No. Go to F  Yes. When  1  1134 E 3  Street address	Part 2. e is the property?	What is the property? Check all that apply  ■ Single-family home  □ Duplex or multi-unit building  □ Condominium or cooperative  □ Manufactured or mobile home	the amount of any secured claims on Schedule I Creditors Who Have Claims Secured by Property  Current value of the Current value of the
No. Go to F Yes. When  1 1134 E 3 Street address	Part 2. e is the property?  B5th Street ss, if available, or other description  PA 16504-0000	What is the property? Check all that apply  Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare	the amount of any secured claims on Schedule I Creditors Who Have Claims Secured by Property  Current value of the entire property?  \$131,000.00  Current value of the portion you own?  \$131,000.00  Current value of the portion you own?
No. Go to F Yes. When  1 1134 E 3 Street address	Part 2. e is the property?  B5th Street ss, if available, or other description  PA 16504-0000	What is the property? Check all that apply  Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one	the amount of any secured claims on Schedule II Creditors Who Have Claims Secured by Property  Current value of the entire property?  \$131,000.00  Current value of the portion you own?  \$131,000.00  Current value of the portion you own?  \$131,000.00  Current value of the portion you own?  \$131,000.00
No. Go to F Yes. When  1 1134 E 3 Street addres  Erie City	Part 2. e is the property?  B5th Street ss, if available, or other description  PA 16504-0000	What is the property? Check all that apply  Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	the amount of any secured claims on Schedule IC Creditors Who Have Claims Secured by Property  Current value of the entire property?  \$131,000.00  Describe the nature of your ownership interes (such as fee simple, tenancy by the entireties a life estate), if known.  Fee Simple  Check if this is community property
No. Go to F Yes. When  1 1134 E 3 Street addres  Erie City	Part 2. e is the property?  B5th Street ss, if available, or other description  PA 16504-0000	What is the property? Check all that apply  Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only	the amount of any secured claims on Schedule I Creditors Who Have Claims Secured by Property  Current value of the entire property? \$131,000.00  Describe the nature of your ownership interes (such as fee simple, tenancy by the entireties a life estate), if known.  Fee Simple  Check if this is community property (see instructions)

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Part 2: Describe Your Vehicles

Debt	or 1 <u>D</u>	evin J Rostron		Case number (if known)	
3. <b>C</b> a	ars. vans.	trucks, tractors, sport utility ve	ehicles, motorcycles		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
_	No				
	Yes				
3.1	Make:	Ford	Who has an interest in the property? Check one		claims or exemptions. Put
	Model:	F150Supercrew Cab XL Pickup	Debtor 1 only		red claims on Schedule D: laims Secured by Property.
	Year:	2016	Debtor 2 only		
		nate mileage: 18000	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Other inf	ormation:	☐ At least one of the debtors and another		
	Private	party KBB value		¢24.000.00	\$04.000.00
			☐ Check if this is community property (see instructions)	\$21,600.00	\$21,600.00
			X		
	amples: B		nd other recreational vehicles, other vehicles, atercraft, fishing vessels, snowmobiles, motorcyc		
_	165				
4.1	Make:	Land Moto	Who has an interest in the property? Check one	Do not deduct secured	claims or exemptions. Put
	Modeli	District Scrambler	■ Debtor 1 only		red claims on Schedule D:
	Model: Year:	2024	☐ Debtor 2 only		aims Secured by Property.
	rour.	2024	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Other inf	ormation:	☐ At least one of the debtors and another		. ,
	Recrea	ational motorcycle 350	☐ Check if this is community property	\$9,000.00	\$9,000.00
	miles		(see instructions)		
-					
- A	ماط دام	ller velve of the nerties velve	un fav all of very outries from Dort 2 including	n any antrica for	
			vn for all of your entries from Part 2, including that number here		\$30,600.00
-					
Part :	3: Descri	be Your Personal and Household I	tems		
Do y	ou own o	or have any legal or equitable in	nterest in any of the following items?		Current value of the
					portion you own? Do not deduct secured
					claims or exemptions.
		goods and furnishings Major appliances, furniture, linen:	s china kitchenware		
	No	wajor appliances, furniture, inten-	s, cilila, kitchenware		
	Yes. De	scribe			
		Regular house	hold goods		\$2,000.00
		Snow play att	achmont for truck		\$500.00
		Snow plow atta	achment for truck		\$500.00
	ectronics		des exerces and district environment, communitation and	:	
E		Televisions and radios; audio, vidincluding cell phones, cameras, i	leo, stereo, and digital equipment; computers, pri nedia players, games	mers, scanners; music collec	aions, electronic devices
	l No	<b>y</b> , ,	. , , ,		
	Yes. De	scribe			
		2 TVs deskton	lanton phone		\$2,500.00

D	ebtor 1	Devin J Rostron	Case number (if known)	
8.		oles of value es: Antiques and figurines; paintings, other collections, memorabilia, co	prints, or other artwork; books, pictures, or other art objects; stamp, coin, or other artwork; books, pictures, or other art objects; stamp, coin, or	r baseball card collections;
	_	Describe		
9.		ent for sports and hobbies es: Sports, photographic, exercise, ar musical instruments	nd other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes an	d kayaks; carpentry tools;
		Describe		
		dirt bike (200), 2	2 electric bikes (800 each), old jet ski inoperable (0)	\$1,800.00
10	■ No	ns  oles: Pistols, rifles, shotguns, ammuni  Describe	tion, and related equipment	
11	. <b>Clothes</b> <i>Examp</i> □ No		oats, designer wear, shoes, accessories	
	Yes.	Describe		
		Regular men's	clothing	\$300.00
	. <b>Non-fa</b> i Examp ■ No □ Yes.	Describe  rm animals  bles: Dogs, cats, birds, horses  Describe  ner personal and household items	you did not already list, including any health aids you did not list	
1	5. <b>Add t</b> l		s from Part 3, including any entries for pages you have attached	\$7,100.00
		scribe Your Financial Assets		
D	o you ow	n or have any legal or equitable in	terest in any of the following?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
16	■ No	oles: Money you have in your wallet, i	n your home, in a safe deposit box, and on hand when you file your petition	
17	Deposi Examp	ts of money les: Checking, savings, or other finar	ncial accounts; certificates of deposit; shares in credit unions, brokerage hor accounts with the same institution, list each.  Institution name:	uses, and other similar
	. 55			

Del	otor 1	Devin J Ros	tron			Case number (if known)	
			17.1.	Checking	Erie Federal (	Credit Union	\$500.00
			17.2.	Savings	Erie Federal (	Credit Union	\$300.00
			17.3.	Checking	Sofi		\$200.00
_				cly traded stocks ent accounts with br	okerage firms, money m	narket accounts	
	_			Institution or issuer	name:		
				Robinhood stoo	k account		\$13.36
ı	joint vo ■ No	enture	ormation	about themme of entity:		orated businesses, including an interest % of ownership:	t in an LLC, partnership, and
	Negotia Non-na ■ No	able instruments	include pents are	personal checks, car those you cannot tra		ciable instruments sory notes, and money orders. signing or delivering them.	
[	<i>Examp</i> ⊐ No −		IRA, ERI	SA, Keogh, 401(k), 4	403(b), thrift savings acc	counts, or other pension or profit-sharing p	olans
	Yes.	List each accour		tely. of account:	Institution name	<b>)</b> :	
			401K	(	Fidelity		\$11,000.00
<b>I</b>	Your sl Examp ■ No □ Yes.	oles: Agreements	d deposi with lan	ts you have made si dlords, prepaid rent,	public utilities (electric, Institution name	e service or use from a company gas, water), telecommunications compan e or individual: or for a number of years)	ies, or others
	■ No □ Yes	ls	suer nam	ne and description.			
2		s in an education C. §§ 530(b)(1), §			ıualified ABLE progran	m, or under a qualified state tuition pro	gram.
[	☐ Yes	ln	stitution	name and descriptio	n. Separately file the red	ecords of any interests.11 U.S.C. § 521(c):	
ı	■ No	equitable or fur Give specific inf			other than anything list	sted in line 1), and rights or powers exe	rcisable for your benefit
26.	Patents	s, copyrights, tr	ademarl	s, trade secrets, a	nd other intellectual preds from royalties and lice		

Official Form 106A/B Schedule A/B: Property page 4

D	ebtor 1	Devin J Rostron		Case number (if known)	
	☐ Yes.	Give specific information about them		_	
27		es, franchises, and other general intangibles  oles: Building permits, exclusive licenses, cooperative asso	ciation holdings,	liquor licenses, professional license	es
	☐ Yes.	Give specific information about them			
M	oney or	property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28	. Tax ref	unds owed to you			
	■ No □ Yes.	Give specific information about them, including whether yo	u already filed th	e returns and the tax years	
29	■ No	support  oles: Past due or lump sum alimony, spousal support, child  Give specific information	support, mainter	ance, divorce settlement, property	settlement
30	Exam <sub>p</sub> ■ No	amounts someone owes you  les: Unpaid wages, disability insurance payments, disabilit benefits; unpaid loans you made to someone else  Give specific information	y benefits, sick p	ay, vacation pay, workers' comper	nsation, Social Security
31		ts in insurance policies  bles: Health, disability, or life insurance; health savings according	ount (HSA); cred	t, homeowner's, or renter's insurar	nce
	■ Yes.	Name the insurance company of each policy and list its va Company name:	ue.	Beneficiary:	Surrender or refund value:
		Ladder life insuranceterm in	surance	girlfriend	\$0.00
32	If you a some o	erest in property that is due you from someone who have the beneficiary of a living trust, expect proceeds from a ne has died.  Give specific information		licy, or are currently entitled to rece	eive property because
33		against third parties, whether or not you have filed a lables: Accidents, employment disputes, insurance claims, or		a demand for payment	
	☐ Yes.	Describe each claim			
34	■ No	contingent and unliquidated claims of every nature, incommended the property of the continuous cont	luding counterd	laims of the debtor and rights to	set off claims
35	■ No	ancial assets you did not already list  Give specific information			
3	6. <b>Add t</b>	he dollar value of all of your entries from Part 4, includ art 4. Write that number here			\$12,013.36
P	art 5: De	scribe Any Business-Related Property You Own or Have an Int	erest In. List any r	eal estate in Part 1.	

Official Form 106A/B Schedule A/B: Property page 5

Debtor 1	Devin J Rostron		Case number (if known)	
37. <b>Do y</b> o	ou own or have any legal or equitable interest in any business-relate	d property?		
■ No.	Go to Part 6.			
☐ Yes	s. Go to line 38.			
	Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. <b>Do y</b>	ou own or have any legal or equitable interest in any farm-	or commercial fishir	ng-related property?	
	No. Go to Part 7.			
	Yes. Go to line 47.			
Part 7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
Exa ■ No	you have other property of any kind you did not already list?  amples: Season tickets, country club membership  bes. Give specific information	•		
				****
54. <b>Ad</b>	ld the dollar value of all of your entries from Part 7. Write tha	at number here		\$0.00
Part 8:	List the Totals of Each Part of this Form			
55. <b>Pa</b>	rt 1: Total real estate, line 2			\$131,000.00
56. <b>Pa</b>	rt 2: Total vehicles, line 5	\$30,600.00		
57. <b>Pa</b>	rt 3: Total personal and household items, line 15	\$7,100.00		
58. <b>Pa</b>	rt 4: Total financial assets, line 36	\$12,013.36		
59. <b>Pa</b>	rt 5: Total business-related property, line 45	\$0.00		
60. <b>Pa</b>	rt 6: Total farm- and fishing-related property, line 52	\$0.00		
61. <b>Pa</b>	rt 7: Total other property not listed, line 54	\$0.00		
62. <b>To</b>	tal personal property. Add lines 56 through 61	\$49,713.36	Copy personal property total	\$49,713.36
63. <b>To</b>	tal of all property on Schedule A/B. Add line 55 + line 62			\$180,713.36

Official Form 106A/B Schedule A/B: Property page 6

Fill in this infor	mation to identify your	case:		
Debtor 1	Devin J Rostron			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT O	OF PENNSYLVANIA	
Case number				
(if known)				☐ Check if this is an
				amended filing

### Official Form 106C

# Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify	y the	Property	You	Claim as	Exempt	:

	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)								
	■ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)							
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.								
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption				
		Schedule A/B		· ·					
	1134 E 35th Street Erie, PA 16504 Erie County	\$131,000.00		\$18,978.00	11 U.S.C. § 522(d)(1)				
	Value is afte 10% hypothetical sale (145 - 14) Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit					
	2016 Ford F150Supercrew Cab XL	\$21,600.00		\$2,872.00	11 U.S.C. § 522(d)(2)				
	Prickup 18000 miles Private party KBB value Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit					
	Regular household goods Line from Schedule A/B: 6.1	\$2,000.00	•	\$2,000.00	11 U.S.C. § 522(d)(3)				
	Ellie Holli Geriedale 74 B. G. I			100% of fair market value, up to any applicable statutory limit					
	Snow plow attachment for truck Line from Schedule A/B: 6.2	\$500.00		\$500.00	11 U.S.C. § 522(d)(3)				
	Line Holli Golleddie AVD. G.E			100% of fair market value, up to any applicable statutory limit					
	2 TVs desktop laptop phone Line from Schedule A/B: 7.1	\$2,500.00	\$2,500.00		11 U.S.C. § 522(d)(3)				
	Line from Goriedate AVD. 111			100% of fair market value, up to any applicable statutory limit					

De	btor 1 Devin J Rostron			Case number (if known)	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B		ount of the exemption you claim	Specific laws that allow exemption
	dirt bike (200), 2 electric bikes (800 each), old jet ski inoperable (0)	\$1,800.00	•	\$1,800.00	11 U.S.C. § 522(d)(5)
	Line from Schedule A/B: 9.1			100% of fair market value, up to any applicable statutory limit	
	Regular men's clothing Line from Schedule A/B: 11.1	\$300.00		\$300.00	11 U.S.C. § 522(d)(3)
				100% of fair market value, up to any applicable statutory limit	
	Checking: Erie Federal Credit Union Line from Schedule A/B: 17.1	\$500.00		\$500.00	11 U.S.C. § 522(d)(5)
				100% of fair market value, up to any applicable statutory limit	
	Savings: Erie Federal Credit Union Line from Schedule A/B: 17.2	\$300.00		\$300.00	11 U.S.C. § 522(d)(5)
	Ellie II olii oonoodie 772. TT			100% of fair market value, up to any applicable statutory limit	
	Checking: Sofi Line from Schedule A/B: 17.3	\$200.00		\$200.00	11 U.S.C. § 522(d)(5)
				100% of fair market value, up to any applicable statutory limit	
	Robinhood stock account Line from Schedule A/B: 18.1	\$13.36		\$13.36	11 U.S.C. § 522(d)(5)
	Zino nom osmodale / v Zi. 1 <b>0</b> 11			100% of fair market value, up to any applicable statutory limit	
	401K: Fidelity Line from Schedule A/B: 21.1	\$11,000.00		\$11,000.00	11 U.S.C. § 522(d)(12)
				100% of fair market value, up to any applicable statutory limit	
	Ladder life insuranceterm insurance	\$0.00		\$0.00	11 U.S.C. § 522(d)(7)
	Beneficiary: girlfriend Line from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/25 and every 3			led on or after the date of adjustmer	nt.)
	■ No				
	☐ Yes. Did you acquire the property covered	ed by the exemption wi	thin 1	,215 days before you filed this case	?
	□ No				
	☐ Yes				

Filli	in this informatio	on to identify you	ır case:				
Deb	tor 1	evin J Rostron	1				
		irst Name	Middle Name Last Nar	ne			
Deb	tor 2						
(Spou	use if, filing)	irst Name	Middle Name Last Nar	ne			
Unit	ed States Bankru	ptcy Court for the	WESTERN DISTRICT OF PENNSYLV	ANIA			
Cas	e number						
(if knc						☐ Chec	k if this is an
						amen	ded filing
Offi	cial Form 1	06D					
			Who Have Claims Secu	ıred	by Propert	V	12/15
Be as	complete and acc	urate as possible.	If two married people are filing together, both out, number the entries, and attach it to this fo	are equ	ally responsible for su	upplying correct inform	
1. Do	any creditors have	claims secured by	y your property?				
ı	☐ No. Check this	box and submit t	his form to the court with your other schedul	es. You	u have nothing else t	o report on this form.	
	Yes. Fill in all o		ŕ		3		
			Delow.				
Part	List All Se	cured Claims			Column A	Column B	Column C
			more than one secured claim, list the creditor sepa s a particular claim, list the other creditors in Part 2		Amount of claim	Value of collateral	Unsecured
			cal order according to the creditor's name.	. A3	Do not deduct the	that supports this	portion
0.4		Dun dit Uminu	Dannika dha manada dhat a anna dha alaim		value of collateral.	claim	If any
2.1	Erie Federal ( Creditor's Name	realt Union	Describe the property that secures the claim	: 	\$18,728.00	\$21,600.00	\$0.00
	Creditor 5 realine		2016 Ford F150Supercrew Cab XL Pickup 18000 miles				
	Attn. Bonkrus		Private party KBB value				
	Attn: Bankrup 3503 Peach S	,	As of the date you file, the claim is: Check all the	 nat			
	Erie, PA 1650		apply.				
	Number, Street, City,		☐ Contingent				
	Number, Street, City,	State & Zip Code	☐ Unliquidated ☐ Disputed				
Who	owes the debt?	Check one.	Nature of lien. Check all that apply.				
_	ebtor 1 only		An agreement you made (such as mortgage	or cool	urod		
_	ebtor 2 only		car loan)	oi secu	ilea		
	Debtor 1 and Debtor	2 only	☐ Statutory lien (such as tax lien, mechanic's li	en)			
_	t least one of the de		☐ Judgment lien from a lawsuit	511)			
□с	Check if this claim r		Other (including a right to offset)				
		Opened					
		02/22 Last					
Date	debt was incurred	Active 9/06/24	Last 4 digits of account number 0	101			

Debtor 1 Devin J Rostron		Case number (if known)		
First Name Middle N	ame Last Name			
2.2 Figure Lending	Describe the property that secures the claim:	\$33,519.00	\$131,000.00	\$0.00
Attn: Bankruptcy Po Box 40534	1134 E 35th Street Erie, PA 16504 Erie County Value is afte 10% hypothetical sale (145 - 14) As of the date you file, the claim is: Check all the apply.	at		
Reno, NV 89504	Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only	☐ An agreement you made (such as mortgage of car loan)	or secured		
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lie	n)		
At least one of the debtors and another  Check if this claim relates to a	Judgment lien from a lawsuit	l Mortaga		
community debt	Other (including a right to offset)	d Mortgage		
Opened 06/24 Last Date debt was incurred Active 10/24	Last 4 digits of account number 25	04		
2.3 Flagstar Bank	Describe the property that secures the claim:	\$78,503.00	\$131,000.00	\$0.00
Attn: Bankruptcy 5151 Corporate Drive Troy, MI 48098  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only	1134 E 35th Street Erie, PA 16504 Erie County Value is afte 10% hypothetical sale (145 - 14)  As of the date you file, the claim is: Check all thapply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage of			
Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Statutory lien (such as tax lien, mechanic's lie ☐ Judgment lien from a lawsuit	n)		
☐ Check if this claim relates to a community debt	Other (including a right to offset)	ortgage		
Opened 04/19 Last				

5137

Last 4 digits of account number

Date debt was incurred Active 10/24

First Name	Middle N	lame Last Name		_		
2.4 Freedom Road	d Financial	Describe the property that secures the c	laim:	\$9,560.00	\$9,000.00	\$560.00
Creditor's Name		2024 Land Moto District Scramb	oler			
Attn: Bankrup		Recreational motorcycle 350 mi	les			
10509 Profess		As of the date you file, the claim is: Check				
Circle, Suite 1		apply.	t all triat			
Reno, NV 8952	21	☐ Contingent				
Number, Street, City, S	State & Zip Code	☐ Unliquidated				
		☐ Disputed				
Who owes the debt? C	heck one.	Nature of lien. Check all that apply.				
■ Debtor 1 only □ Debtor 2 only		An agreement you made (such as mortg car loan)	jage or secured			
Debtor 1 and Debtor 2	only	☐ Statutory lien (such as tax lien, mechani	c's lien)			
☐ At least one of the deb	otors and another	☐ Judgment lien from a lawsuit	•			
Check if this claim re community debt	elates to a	Other (including a right to offset)				
Date debt was incurred	Opened 08/24 Last Active 9/25/24	Last 4 digits of account number	0260			
		_				
Add the dollar value of	f your entries in C	Column A on this page. Write that number h	iere:	\$140,310.00	1	
If this is the last page Write that number here		the dollar value totals from all pages.		\$140,310.00	1	

Case number (if known)

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Debtor 1 Devin J Rostron

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this inf	ormation to identify your	case:			
Debtor 1	Devin J Rostron				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle None	Loot Name		
(Spouse II, IIIIIIg)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	WESTERN DISTRICT OF	PENNSYLVANIA		
Case number					
(if known)					☐ Check if this is an
					amended filing
Official Ea	rm 106E/E				
	orm 106E/F	la Hava Haaaaw	ad Claima		40/45
		ho Have Unsecure		Part 2 for creditors with NONPRIORI	12/15
Schedule G: Exc Schedule D: Cre left. Attach the ( name and case	ecutory Contracts and Unexpeditors Who Have Claims Section in Continuation Page to this pagnumber (if known).	ired Leases (Official Form 1060 ured by Property. If more space e. If you have no information to	G). Do not include e is needed, copy	ontracts on Schedule A/B: Property any creditors with partially secured the Part you need, fill it out, number to not file that Part. On the top of an	claims that are listed in the entries in the boxes on the
Part 1: Lis	t All of Your PRIORITY Un	secured Claims			
1. Do any cre	ditors have priority unsecure	d claims against you?			
No. Go	to Part 2.				
☐ Yes.					
Part 2: Lis	t All of Your NONPRIORIT	V Unecoured Claims			
_ `	ditors have nonpriority unsec				
☐ No. You	have nothing to report in this pa	art. Submit this form to the court	with your other sche	edules.	
Yes.					
unsecured	claim, list the creditor separately	for each claim. For each claim li	isted, identify what t	holds each claim. If a creditor has m ype of claim it is. Do not list claims alre three nonpriority unsecured claims fill	ady included in Part 1. If more
					Total claim
4.1 Affiri	m, Inc.	Last 4 digits of	account number	JMVT	\$1,795.11
Nonpri	ority Creditor's Name				<u> </u>
	abella Street, 4th Floor	When was the	debt incurred?	2024	
	burgh, PA 15212 er Street City State Zip Code	As of the date v	ou file. the claim i	s: Check all that apply	
	ncurred the debt? Check one.	7.0 0 шис ,	, ou, o	or oncon an anat appry	
■ Del	btor 1 only	☐ Contingent			
_	btor 2 only	☐ Unliquidated			
	btor 1 and Debtor 2 only	☐ Disputed			
_	least one of the debtors and and	_ '	RIORITY unsecured	d claim:	
	eck if this claim is for a comm	По	s		
debt	claim subject to offset?			ration agreement or divorce that you di	id not
■ No	-			g plans, and other similar debts	
□ Yes		Other. Speci	·		
<b>—</b> 16:	<b>.</b>	Other. Speci	Ty Carrian Sur	и:	

Debto	r 1 Devin J Rostron	Case number (if known)				
4.2	Affirm, Inc. Nonpriority Creditor's Name	Last 4 digits of account number	V79W	\$1,518.89		
	30 Isabella Street, 4th Floor	When was the debt incurred?	2024			
	Pittsburgh, PA 15212  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i				
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Amazon				
			XLWN-SVJ			
4.3	Affirm, Inc.	Last 4 digits of account number	<u>C</u>	\$872.95		
	Nonpriority Creditor's Name 30 Isabella Street, 4th Floor Pittsburgh, PA 15212	When was the debt incurred?	2024			
	Number Street City State Zip Code	As of the date you file, the claim i				
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims				
	■ No	Debts to pension or profit-sharin				
	Yes	Other. Specify Amazon				
4.4	Affirm, Inc.	Last 4 digits of account number	TYB9	\$259.42		
	Nonpriority Creditor's Name 30 Isabella Street, 4th Floor Pittsburgh, PA 15212	When was the debt incurred?	2024			
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.	•				
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	□Yes	■ Other. Specify Shop Solar	Kits			

Debto	Devin J Rostron	Case number (if known)					
4.5	Affirm, Inc.	Last 4 digits of account number	2S3W	\$238.47			
	Nonpriority Creditor's Name 30 Isabella Street, 4th Floor Pittsburgh, PA 15212	When was the debt incurred?	2024				
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	■ No	Debts to pension or profit-sharing	• •				
	Yes	Other. Specify Shop Solar	Kits				
4.6	Affirm, Inc. Nonpriority Creditor's Name	Last 4 digits of account number	50X6	\$421.11			
	30 Isabella Street, 4th Floor Pittsburgh, PA 15212	When was the debt incurred?	2024				
	Number Street City State Zip Code	As of the date you file, the claim i					
	Who incurred the debt? Check one.						
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured					
	☐ Check if this claim is for a community	☐ Student loans	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims					
	■ No	Debts to pension or profit-sharing					
	Yes	Other. Specify Current Co					
4.7	Affirm, Inc.	Last 4 digits of account number	NOIB	\$1,125.36			
	Nonpriority Creditor's Name 30 Isabella Street, 4th Floor Pittsburgh, PA 15212	When was the debt incurred?	2024				
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	Debtor 1 only	☐ Contingent ☐ Unliquidated ☐ Disputed					
	Debtor 2 only						
	Debtor 1 and Debtor 2 only						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans					
	☐ Check if this claim is for a community						
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify SunGoldPo	ower				

Debtor	1 Devin J Rostron	Case number (if known)					
4.8	Affirm, Inc.	Last 4 digits of account number	EJWN	\$1,118.20			
	Nonpriority Creditor's Name 30 Isabella Street, 4th Floor Pittsburgh, PA 15212	When was the debt incurred?	2024				
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify Portable Su	ın LLC				
4.9	Affirm, Inc.	Last 4 digits of account number	3111	\$465.01			
	Nonpriority Creditor's Name 30 Isabella Street, 4th Floor	When was the debt incurred?	2024				
	Pittsburgh, PA 15212  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i					
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim:					
	Debtor 1 and Debtor 2 only						
	☐ At least one of the debtors and another						
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims					
	■ No	☐ Debts to pension or profit-sharin					
	Yes	Other. Specify Amazon					
4.1	Capital One	Last 4 digits of account number	6052	\$530.00			
	Nonpriority Creditor's Name	_		<u> </u>			
	Attn: Bankruptcy	Miles was the debt in some do	Opened 03/15 Last Active				
	Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	10/24				
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated ☐ Disputed					
	☐ Debtor 1 and Debtor 2 only						
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:  Student loans					
	Check if this claim is for a community						
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	floor Obligations arising out of a separation agreement or divorce that you did not port as priority claims				
	No	Debts to pension or profit-sharin	g plans, and other similar debts				
	☐ Yes	■ Other. Specify Credit Card	ner. Specify Credit Card				

Debto	Debtor 1 Devin J Rostron		Case number (if known)				
4.1	Capital One	Last 4 digits of account number	7378	\$294.00			
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 06/15 Last Active 10/24				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	☐ Disputed				
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not				
	No	Debts to pension or profit-sharing	ng plans, and other similar debts				
	Yes	Other. Specify Credit Card					
4.1	Citi Card/Best Buy	Last 4 digits of account number	4420	\$4,915.00			
	Nonpriority Creditor's Name Attn: Citicorp Cr Srvs Centralized Bankr Po Box 790040	When was the debt incurred?	Opened 02/22 Last Active 10/24				
	St Louis, MO 36179  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim					
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated ☐ Disputed					
	Debtor 1 and Debtor 2 only						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separe report as priority claims					
	No		Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify Credit Card	<u> </u>				
4.1	Citibank/The Home Depot  Nonpriority Creditor's Name	Last 4 digits of account number	5544	\$802.00			
	Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040	When was the debt incurred?	Opened 04/22 Last Active 10/24				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim					
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only ☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	No	Debts to pension or profit-sharin	ng plans, and other similar debts				
	☐ Yes	■ Other. Specify Charge Acc					
	· - •	- Other opedity					

Debtor	1 Devin J Rostron	Case number (if known)				
4.1	Comenity Bank	Last 4 digits of account number	5091	\$2,446.00		
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 Number Street City State Zip Code Who incurred the debt? Check one.	When was the debt incurred?  As of the date you file, the claim i				
■ Debtor 1 only  □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Yes		☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans				
		report as priority claims  Debts to pension or profit-sharin  Other. Specify  Charge Acc				
	T les	Other. Specify Online Act	,ount			
4.1 5	Credit One Bank	Last 4 digits of account number	9958	\$1,104.00		
	Nonpriority Creditor's Name Attn: Bankruptcy Department 6801 Cimarron Rd Las Vegas, NV 89113	When was the debt incurred?	Opened 7/11/22 Last Active 10/24			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i				
	Debtor 1 only	☐ Contingent ☐ Unliquidated				
	Debtor 2 only					
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No		□ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify Credit Card	<u> </u>			
4.1	Credit One Bank Nonpriority Creditor's Name	Last 4 digits of account number	4849	\$904.00		
	Attn: Bankruptcy Department 6801 Cimarron Rd Las Vegas, NV 89113	When was the debt incurred?	Opened 6/10/19 Last Active 10/24			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i				
	Debtor 1 only	☐ Contingent ☐ Unliquidated				
	Debtor 2 only					
	Debtor 1 and Debtor 2 only	Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a sepa report as priority claims				
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	□Yes	■ Other Specify Credit Card				

Debtor	Devin J Rostron	Case number (if known)					
4.1	Credit One Bank	Last 4 digits of account number	0131		\$688.00		
	Nonpriority Creditor's Name Attn: Bankruptcy Department 6801 Cimarron Rd Las Vegas, NV 89113	Opened 01/18 Last Active 10/07/24					
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	у			
	Debtor 1 only	Contingent					
	Debtor 2 only	Unliquidated					
	Debtor 1 and Debtor 2 only	Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a sepa report as priority claims	ration agreement or d	livorce that you did not			
	■ No	☐ Debts to pension or profit-sharin	a plans, and other sim	nilar debts			
	☐ Yes	Other. Specify Credit Card	· ·				
4.1 8	Jpmcb Nonpriority Creditor's Name	Last 4 digits of account number	5833	_	\$4,503.00		
	MailCode LA4-7100 700 Kansas Lane Monroe, LA 71203	When was the debt incurred?	Opened 09/20 10/07/24	Last Active			
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	y			
	Who incurred the debt? Check one.						
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims					
	■ No	Debts to pension or profit-sharin	Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify Credit Card					
4.1 9	Klarna INC	Last 4 digits of account number	4465		\$199.26		
	Nonpriority Creditor's Name 800 N. High St, Ste. 400 Columbus, OH 43215	When was the debt incurred?	2024				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated ☐ Disputed					
	☐ Debtor 1 and Debtor 2 only						
	$\square$ At least one of the debtors and another						
	☐ Check if this claim is for a community debt	<ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sepa</li></ul>	ration agreement or d	livorce that you did not			
	Is the claim subject to offset?	report as priority claims					
	■ No	☐ Debts to pension or profit-sharin	g plans, and other sim	nilar debts			
	☐ Yes	Other. Specify Amazon					

Devin J Rostron	Case number (if known)			
Klarna INC	Look A divite of account number	7626	\$70.80	
Nonpriority Creditor's Name 800 N. High St, Ste. 400	Last 4 digits of account number When was the debt incurred?	2024	Ψ70.00	
Columbus, OH 43215				
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim			
Debtor 1 only	По п			
_	Contingent			
Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	Disputed	d alaim.		
At least one of the debtors and another	Type of NONPRIORITY unsecured  ☐ Student loans	u Ciaini.		
☐ Check if this claim is for a community debt		aration agreement or divorce that you did not		
Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not		
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts		
Yes	Other. Specify Amazon			
Klarna INC	Last 4 digits of account number	2617	\$1,860.38	
Nonpriority Creditor's Name	Last 4 digits of account number		Ψ1,000.00	
800 N. High St, Ste. 400 Columbus, OH 43215	When was the debt incurred?	2024		
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
Who incurred the debt? Check one.				
Debtor 1 only	☐ Contingent			
☐ Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	☐ Disputed			
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
☐ Check if this claim is for a community	Student loans			
debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not		
■ No	Debts to pension or profit-sharing			
Yes	Other. Specify Priority Tire	<u> </u>		
Mariner Finance, LLC	Last 4 digits of account number	4513	\$1,394.00	
Nonpriority Creditor's Name Attn: Bankruptcy 8211 Town Center Drive	When was the debt incurred?	Opened 06/22 Last Active 9/09/24		
Nottingham, MD 21236	when was the dept incurred?	3/03/24		
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
Who incurred the debt? Check one.				
■ Debtor 1 only	☐ Contingent			
☐ Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
☐ Check if this claim is for a community debt				
Is the claim subject to offset?				
■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts		
□ Yes	Other. Specify Unsecured			
<b>□</b> 100	Other. Specify			

Debto	Devin J Rostron	Case number (if known)				
4.2	PayPal	Last 4 digits of account number	1a7c	\$1,350.33		
3	Nonpriority Creditor's Name 2211 North First Street	When was the debt incurred?	2023	Ψ1,000.00		
	San Jose, CA 95131  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i				
	Debtor 2 only	☐ Contingent ☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community	☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans	d claim:			
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not			
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify Ricmotech				
4.2	PayPal	Last 4 digits of account number	1846	\$653.17		
	Nonpriority Creditor's Name 2211 North First Street San Jose, CA 95131	When was the debt incurred?	2023			
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i				
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured	l claim:			
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa				
	Is the claim subject to offset?  ■ No	report as priority claims  Debts to pension or profit-sharin				
	Yes	Other. Specify Extreme Si				
4.2 5	PayPal Nonpriority Creditor's Name	Last 4 digits of account number	2024	\$2,596.32		
	2211 North First Street San Jose, CA 95131	When was the debt incurred?	Acct 275d1d9e-494b-4345-9efe-17b9 18f53240			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent ☐ Unliquidated				
	□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	d claim:				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other, Specify WalkeEbike				

Debtor 1 Devin J Rostron		Case number (if known)					
4.2 6	Reprise Financial	Last 4 digits of account number	1001	\$7,335.26			
	Nonpriority Creditor's Name 8333 Ridgepoint Drive Suite 150	When was the debt incurred?	2024				
	Irving, TX 75063  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify Consolidat					
4.2	Synchrony Bank/Amazon	Last 4 digits of account number	2901	\$651.00			
,	Nonpriority Creditor's Name			• • • • • • • • • • • • • • • • • • • •			
	Attn: Bankruptcy		Opened 09/15 Last Active				
	Po Box 965060 Orlando, FL 32896	When was the debt incurred?	10/24				
	Number Street City State Zip Code	As of the date you file, the claim i					
	Who incurred the debt? Check one.	ot? Check one.					
	■ Debtor 1 only □ Contingent						
	Debtor 2 only						
	Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims					
	No	Debts to pension or profit-sharing					
	Yes	Other. Specify Charge Acc	count				
4.2	Synchrony Bank/Walmart	Last 4 digits of account number	4518	\$58.00			
8	Nonpriority Creditor's Name			400.00			
	Attn: Bankruptcy Po Box 965060	When was the debt incurred?	Opened 08/18 Last Active 10/24				
	Orlando, FL 32896  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i					
	Debtor 1 only	□ comin :					
	_ 0011igs.ii						
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured					
	☐ At least one of the debtors and another						
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims	ration agreement of divorce that you did not				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	□ Yes	■ Other Specify Charge Acc	count				
		- Ciliei Specilly Charge 10					

Debtor 1 Devin J Rostro	or 1 Devin J Rostron		Case number (if known)				
Synchrony/PayP		Last 4 digits of account number	7177	\$1,424.00			
Nonpriority Creditor's N Attn: Bankruptcy Po Box 965064 Orlando, FL 3289	/	When was the debt incurred?					
Number Street City Sta Who incurred the del	ate Zip Code	As of the date you file, the claim i	s: Check all that apply				
Debtor 1 only		☐ Contingent					
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?		☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
■ No		☐ Debts to pension or profit-sharin	g plans, and other similar debts				
Yes		Other. Specify Credit Card	<u> </u>				
Upgrade, Inc. Nonpriority Creditor's N		Last 4 digits of account number	2720	\$3,906.00			
Attn: Bankruptcy 275 Battery Stree San Francisco, (	et 23rd Floor	When was the debt incurred?	Opened 08/21 Last Active 10/24				
Number Street City Sta Who incurred the del	ate Zip Code	As of the date you file, the claim i	s: Check all that apply				
Debtor 1 only		☐ Contingent					
Debtor 2 only		☐ Unliquidated					
☐ Debtor 1 and Debto	or 2 only	☐ Disputed					
☐ At least one of the	debtors and another	Type of NONPRIORITY unsecured	d claim:				
☐ Check if this clain	n is for a community	☐ Student loans					
debt Is the claim subject to	o offset?	report as priority claims	ration agreement or divorce that you did not				
■ No		Debts to pension or profit-sharin					
Yes		■ Other. Specify Check Cred	dit Or Line Of Credit				
Upgrade, Inc.  Nonpriority Creditor's N	Name	Last 4 digits of account number	3255	\$1,606.00			
Attn: Bankruptc 275 Battery Stre San Francisco, 0	et 23rd Floor	When was the debt incurred?	Opened 03/22 Last Active 10/24				
Number Street City Sta Who incurred the del	ate Zip Code	As of the date you file, the claim i	s: Check all that apply				
■ Debtor 1 only		☐ Contingent					
☐ Debtor 2 only		☐ Unliquidated					
Debtor 1 and Debto	or 2 only	☐ Disputed					
☐ At least one of the	debtors and another	Type of NONPRIORITY unsecured	d claim:				
☐ Check if this clain	n is for a community	Student loans					
debt Is the claim subject t	o offset?	report as priority claims	ration agreement or divorce that you did not				
No		Debts to pension or profit-sharing	g plans, and other similar debts				
☐ Yes		Other Specify Unsecured					

Debtor	1 Devin J R	Rostron		Case nu	mber (if know	n)	
4.3	Upstart		Last 4 digits of account number	6880			\$4,735.00
	Nonpriority Cred Attn: Bankr Po Box 150 San Carlos,	ruptcy 3	When was the debt incurred?	Open 10/24		2 Last Active	
	Number Street	City State Zip Code the debt? Check one.	As of the date you file, the claim i	is: Check	all that apply		
	■ Debtor 1 onl	ly	☐ Contingent				
	Debtor 2 onl	•	☐ Unliquidated				
	Debtor 1 and	•	☐ Disputed				
		of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
		is claim is for a community	☐ Student loans				
	debt	bject to offset?	☐ Obligations arising out of a separeport as priority claims	ıration agı	reement or div	vorce that you did not	
	No		☐ Debts to pension or profit-sharin	g plans, a	and other simil	lar debts	
	Yes		Other Specify Unsecured				
4.3	Upstart Fina		Last 4 digits of account number	1309			\$3,521.00
	Nonpriority Cred Attn: Bankr Po Box 150	ruptcy	When was the debt incurred?	Open 10/24		Last Active	
	San Carlos,						•
		City State Zip Code the debt? Check one.	As of the date you file, the claim i	s: Check	all that apply		
	Debtor 1 onl	ly	☐ Contingent				
	Debtor 2 onl	ly	☐ Unliquidated				
	Debtor 1 and	d Debtor 2 only	☐ Disputed				
	☐ At least one	of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if thi	is claim is for a community	☐ Student loans				
	debt Is the claim su	bject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agr	reement or div	vorce that you did not	
	No		Debts to pension or profit-sharing	g plans, a	and other simil	lar debts	
	Yes		■ Other. Specify Unsecured				
Part 3:	List Others	s to Be Notified About a Debt 1	That You Already Listed				
is tryii have r	ng to collect fro more than one c	m you for a debt you owe to some	at your bankruptcy, for a debt that yone else, list the original creditor in bu listed in Parts 1 or 2, list the addiubmit this page.	Parts 1	or 2, then list	the collection agency	here. Similarly, if you
Part 4:	Add the Ar	mounts for Each Type of Unse	cured Claim				
	the amounts of of unsecured cla		. This information is for statistical re	eporting	purposes on	ly. 28 U.S.C. §159. Ad	d the amounts for each
	_	<b>B</b>				Total Claim	
Total claims	6a.	Domestic support obligations		6a.	\$	0.00	-
from Pa		Taxes and certain other debts yo	=	6b.	\$	0.00	=
	6c.	Claims for death or personal inju		6c.	\$	0.00	-
	6d.	Other. Add all other priority unsect	red claims. Write that amount here.	6d.	\$	0.00	-
	6e.	Total Priority. Add lines 6a through	h 6d.	6e.	\$	0.00	-
					7	Total Claim	
Total	6f.	Student loans		6f.	\$	0.00	-
claims							

### Debtor 1 Devin J Rostron

#### Case number (if known)

from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 55,361.04
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 55,361.04

Fill in this information to identify your case:								
Debtor 1	Devin J Rostron							
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Bankruptcy Court for the:		WESTERN DISTRICT (	OF PENNSYLVANIA					
Case number (if known)					☐ Check if this is an			
					amended filing			

# Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the r, Street, City, State and ZIP (	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			<del>_</del>
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			
	City		State	ZIP Code	<del>_</del>

Debtor 1	Devin J Rostron					
	First Name	Middle Name	Last Name			
ebtor 2 Spouse if, filing)	First Name	Middle Name	Last Name			
-						
nited States Ba	ankruptcy Court for the:	WESTERN DISTRICT C	OF PENNSYLVANIA			
ase number						
known)						Check if this is an
						amended filing
official Fo	rm 106H					
	H: Your Cod	obtore				40/45
Criedule	n. Tour Cou	enrois				12/15
_	ave any codebtors? (If	you are filing a joint case, o	do not list either spouse	e as a codebtor.		
I. Do you ii	ave any codebions: (ii	you are ming a joint case, t	do not list either spouse	e as a codebior.		
☐ Yes						
		u lived in a community pr , Nevada, New Mexico, Pu			states ar	nd territories include
■ No. Go to	line 3.					
		use, or legal equivalent live	with you at the time?			
in line 2 ag	ain as a codebtor only i ), Schedule E/F (Officia	tors. Do not include your if that person is a guaran I Form 106E/F), or Sched	tor or cosigner. Make	sure you have listed the	e credito	r on Schedule D (Offici
Colun	nn 1: Your codebtor			Column 2: The cree	ditor to w	hom you owe the debt
	Number, Street, City, State and Z	IP Code		Check all schedules		
Name, I					s that app	ly:
				□ Schedule D. line		ly:
3.1 Name				□ Schedule D, line	•	ly:
3.1				□ Schedule D, line □ Schedule E/F, line □ Schedule G, line	e	
3.1	r Street			☐ Schedule E/F, lin	e	
3.1 Name	r Street	State	ZIP Code	☐ Schedule E/F, lin	e	
Name Numbe City	r Street	State	ZIP Code	☐ Schedule E/F, lin	ne	
Name	r Street	State	ZIP Code	☐ Schedule E/F, line ☐ Schedule G, line ☐ Schedule D, line	ne	
Numbe City	r Street	State	ZIP Code	☐ Schedule E/F, lin	e	
Numbe City		State	ZIP Code	□ Schedule E/F, line □ Schedule G, line □ Schedule D, line □ Schedule E/F, line	e	

	in this information to identify your open of the property of t									
Del	Debtor 2 (Spouse, if filing)									
	ted States Bankruptcy Court for the	e: WESTERN DISTRICT	Γ OF PENNSYLVAN	IIA						
Case number (If known)					Check if this is:  ☐ An amended filing ☐ A supplement showing postpetition chapter					
0	fficial Form 106I								ollowing date:	
	chedule I: Your Inc	ome				MIM	/ DD/ Y`	YYY		12/15
sup spo atta	as complete and accurate as pos plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  **Describe Employment**	are married and not filing w	ng jointly, and you ith you, do not incl	r spouse ude infor	is liv mati	ing with yo on about yo	ou, inclu our spoi	de inforn use. If mo	nation about ore space is	your needed,
1.	Fill in your employment information.		Debtor 1			D	Debtor 2 or non-filing spouse			
	If you have more than one job, attach a separate page with	Employment status	■ Employed				☐ Employed			
	information about additional employers.	p.o,	☐ Not employed				☐ Not employed			
	Include part-time, seasonal, or	Occupation	Truck Driver							
	self-employed work.	Employer's name	Ryder Transportation Svcs			<u> </u>				
Occupation may include student or homemaker, if it applies.		Employer's address	11690 NW 105th Street Miami, FL 33178							
		How long employed t	here? 4 year	s						
Par	t 2: Give Details About Mo	nthly Income								
spoo If yo	mate monthly income as of the duse unless you are separated.  u or your non-filing spouse have mee space, attach a separate sheet to	ore than one employer, co		·	•		at persor	n on the lin	·	
									ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,		2.	\$	6,18	37.44	\$	N/A		
3.	Estimate and list monthly over	time pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$	6,187.	.44	\$	N/A	

Deb	tor 1	Devin J Rostron			Case n	umber (if k	(nown)				
					For D	Debtor 1			Debtor 2		
	Cop	by line 4 here	4.		\$	6,18	7.44	\$_		N/A	
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	à.	\$	1.40	0.84	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b		\$		7.39	\$_		N/A	
	5c.	Voluntary contributions for retirement plans	5c	<b>)</b> .	\$		0.00	\$		N/A	
	5d.	Required repayments of retirement fund loans	5d	ı.	\$	5	7.50	\$		N/A	
	5e.	Insurance	5e	€.	\$		0.00	\$_		N/A	
	5f.	Domestic support obligations	5f.		\$		0.00	\$		N/A	
	5g.	Union dues	5g	J.	\$		0.00	\$		N/A	
	5h.	Other deductions. Specify:	5h	1.+	\$		0.00	+ \$ _		N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	1,70	5.73	\$		N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	4,48	1.71	\$_		N/A	
8.	8b. 8c. 8d. 8e. 8f.	Ret income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8a 8b 8c 8d 8e	). ;. d. e.	\$ \$ \$ \$		0.00 0.00 0.00 0.00 0.00	\$_ \$_ \$_ \$_		N/A N/A N/A N/A	
	8g.	Pension or retirement income	_ 8g	1.	\$		0.00	\$		N/A	
	8h.	Other monthly income. Specify:	_	1.+	\$		0.00	+ \$_		N/A	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$		0.00	\$_		N/A	<u>.</u>
10.		culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_	4	,481.71	+ \$		N/A	= \$	4,481.71
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a scify:	depe		-				Schedule 11.		0.00

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

12.	\$	4,481.71						
Combined								

0.00

monthly income

13. <b>D</b>	o you expect an	increase or d	ecrease withir	n the year	after you f	file this form?
--------------	-----------------	---------------	----------------	------------	-------------	-----------------

No.	
Yes. Explain:	

Fill	in this information to identify your case:				
Deb	Devin J Rostron			if this is: n amended filing	
	ouse, if filing)		A	ū	ing postpetition chapter he following date:
Unit	ed States Bankruptcy Court for the: WESTERN DISTRICT OF PENNS	YLVANIA	M	M / DD / YYYY	
1	e number nown)				
	fficial Form 106J				
Be	chedule J: Your Expenses as complete and accurate as possible. If two married people are primation. If more space is needed, attach another sheet to this form the (if known). Answer every question.				
Par 1.	t 1: Describe Your Household Is this a joint case?				
	■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household?				
	☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i> and	for Separate House.	hold of Debto	r 2.	
2.	Do you have dependents? ■ No				
	Do not list Debtor 1 and Pes. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the dependents names.				□ No □ Yes □ No
					☐ Yes
					☐ Yes
					□ No □ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?				⊔ Yes
Est	Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless yourness as of a date after the bankruptcy is filed. If this is a suppliblicable date.	ou are using this fo emental <i>Schedul</i> e	orm as a supp J, check the	plement in a Chap box at the top of	pter 13 case to report the form and fill in the
the	lude expenses paid for with non-cash government assistance if value of such assistance and have included it on <i>Schedule I:</i> Yoficial Form 106I.)			Your expe	nses
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	clude first mortgage	4. \$		0.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		0.00
	<ul><li>4b. Property, homeowner's, or renter's insurance</li><li>4c. Home maintenance, repair, and upkeep expenses</li></ul>		4b. \$ 4c. \$	·	0.00 125.00
	4d. Homeowner's association or condominium dues		4d. \$		0.00
5.	Additional mortgage payments for your residence, such as home	ne equity loans	5. \$		0.00

Debtor 1	Devin J	Rostron	Case num	nber (if known)	
s. Util	ities:				
6a.		heat, natural gas	6a.	\$	200.00
6b.	•	wer, garbage collection	6b.	· · · · · · · · · · · · · · · · · · ·	45.00
6c.		e, cell phone, Internet, satellite, and cable services	6c.	· · · · · · · · · · · · · · · · · · ·	150.00
6d.	•	· · · · · · · · · · · · · · · · · · ·	6d.	· : ———	
		-		·	0.00
		ekeeping supplies	7.	·	500.00
		hildren's education costs	8.	\$	0.00
	-	ry, and dry cleaning	9.	\$	85.00
	-	roducts and services	10.	\$	50.00
. Me	dical and de	ntal expenses	11.	\$	120.00
. Tra	nsportation.	Include gas, maintenance, bus or train fare.			205.00
	not include ca		12.	· <u> </u>	325.00
3. Ent	ertainment,	clubs, recreation, newspapers, magazines, and boo	oks 13.	\$	0.00
. Cha	aritable cont	ributions and religious donations	14.	\$	0.00
i. Ins	urance.				
Do	not include in	surance deducted from your pay or included in lines 4	or 20.		
15a	ı. Life insura	ince	15a.	\$	31.45
15b	. Health ins	urance	15b.	\$	367.00
15c	. Vehicle ins	surance	15c.	\$	223.83
15d	I. Other insu	rance. Specify:	15d.	· ·	0.00
		clude taxes deducted from your pay or included in lines		<u> </u>	0.00
	ecify:	olde taxes deducted from your pay or included in lines	16.	\$	0.00
		ease payments:			0.00
		ents for Vehicle 1	17a.	\$	0.00
		ents for Vehicle 2	17b.	· : ———	0.00
			176. 17c.	·	
	. Other. Spe			·	0.00
	I. Other. Spe	· ·	17d.	\$	0.00
		of alimony, maintenance, and support that you did		\$	0.00
dec	lucted from	your pay on line 5, Schedule I, Your Income (Officia	1 1 01111 1 0 0 1 <i>j</i> .	· .	
		s you make to support others who do not live with y		\$	0.00
	ecify:		19.	_	
		erty expenses not included in lines 4 or 5 of this for			
		s on other property	20a.		0.00
	<ol> <li>Real estat</li> </ol>		20b.	· -	0.00
20c	. Property, I	nomeowner's, or renter's insurance	20c.	\$	0.00
20d	<ol> <li>Maintenar</li> </ol>	ce, repair, and upkeep expenses	20d.	\$	0.00
20e	. Homeown	er's association or condominium dues	20e.	\$	0.00
. Oth	er: Specify:	Gifts	21.	+\$	50.00
<u>≀</u> . Cal	culate your i	monthly expenses			
22a	. Add lines 4	through 21.		\$	2,272.28
22b	. Copy line 2:	2 (monthly expenses for Debtor 2), if any, from Official	Form 106J-2	\$	
220	Add line 22:	a and 22b. The result is your monthly expenses.		\$	2,272.28
220		a and The result to your monthly expenses.			2,212.20
3. Cal	culate your i	monthly net income.			
23a	. Copy line	12 (your combined monthly income) from Schedule I.	23a.	\$	4,481.71
		monthly expenses from line 22c above.	23b.	-\$	2,272.28
	, , , ,	, ,			_,
230	. Subtract v	our monthly expenses from your monthly income.			
_00		is your <i>monthly net income</i> .	23c.	\$	2,209.43
4 D.		,	veer often very file (I. I.	- farm?	
		an increase or decrease in your expenses within the ou expect to finish paying for your car loan within the year or do			ages or decrease bookies of a
		ou expect to finish paying for your car loan within the year or do terms of your mortgage?	you expect your mortgage	payment to incre	ease of decrease decause of a
_		terms or your mortgage:			
		[ <del></del>			
	Yes.	Explain here:			

Fill in t	nis information to identify you	case:			
Debtor					
Dobioi	First Name	Middle Name	Last Name		
Debtor :	2				
(Spouse if	, filing) First Name	Middle Name	Last Name		
United S	States Bankruptcy Court for the:	WESTERN DISTRICT	OF PENNSYLVANIA		
Case nu	umber				
(if known)				_	heck if this is an mended filing
You mus		ile bankruptcy schedules	s or amended schedules. N	ct information. laking a false statement, conce fines up to \$250,000, or imprisc	
	Sign Below				
Die	d you pay or agree to pay som	eone who is NOT an attor	rney to help you fill out bar	nkruptcy forms?	
-	No				
	Yes. Name of person			Attach Bankruptcy Petitic Declaration, and Signatu	
	der penalty of perjury, I declare t they are true and correct.	that I have read the sum	nmary and schedules filed v	with this declaration and	
Х	/s/ Devin J Rostron		Χ		
	<b>Devin J Rostron</b> Signature of Debtor 1		Signature of De	ebtor 2	
	Date <b>November 18, 2024</b>		Date		

Fill in	n this inform	nation to identify you	r case:			
Debte	or 1	<b>Devin J Rostron</b>				
Dobt	or O	First Name	Middle Name	Last Name		
Debte (Spous	or ∠ se if, filing)	First Name	Middle Name	Last Name		
Unite	d States Ba	nkruptcy Court for the:	WESTERN DISTRICT OF	PENNSYLVANIA		
Case	number					
(if knov	wn)					heck if this is an mended filing
•						
Offi	cial Fo	rm 107				
Sta	tement	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	04/22
inforn	nation. If m		attach a separate sheet to		equally responsible for sup y additional pages, write you	
Part	1: Give D	Details About Your Ma	arital Status and Where You	Lived Before		
1. V	What is you	r current marital statu	ıs?			
	☐ Married					
	Not mar	rried				
2. [	Ouring the la	ast 3 years, have you	lived anywhere other than v	where you live now?		
	No					
	_	st all of the places you I	ived in the last 3 years. Do no	ot include where you live now	<i>i</i> .	
	Debtor 1:		Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory	
states	and territor	ies include Arizona, Ca	lifornia, Idaho, Louisiana, Nev	vada, New Mexico, Puerto R	co, Texas, Washington and W	isconsin.)
ı	No					
	☐ Yes. Ma	ake sure you fill out <i>Scl</i>	nedule H: Your Codebtors (Of	ficial Form 106H).		
Part	2 Explai	in the Sources of You	r Income			
F	ill in the tota	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part		dar years?
г	□ No					
Ī	_	I in the details.				
	_ 100.11	in the detaile.				
			Debtor 1	Cross income	Debtor 2	Crean in a sure
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	•	of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$65,568.72	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Debtor 1 Devin J Rostron						Case number (if known)						
					Debtor 1			Debtor 2				
					Sources of income Check all that apply.	(bef	oss income fore deductions and lusions)	Sources of ind Check all that a		Gross income (before deductions and exclusions)		
			dar year: December	31, 2023 )	■ Wages, commissions, bonuses, tips				☐ Wages, commissions, bonuses, tips			
					☐ Operating a business			☐ Operating a	business			
			dar year be December		■ Wages, commissions, bonuses, tips		\$80,979.00	☐ Wages, combonuses, tips	nmissions,			
					☐ Operating a business			☐ Operating a	business			
	and winn	other ings. I each s	public benef f you are fili	fit payments; ing a joint cas he gross inco	ner that income is taxable. Expensions; rental income; into see and you have income that ome from each source separ	erest; div you red	vidends; money collecteived together, list it c	ted from lawsuits; only once under Do	royalties; and ebtor 1.			
					Debtor 1			Debtor 2				
					Sources of income Describe below.	eac (bef	ess income from th source fore deductions and lusions)	Sources of inc Describe below		Gross income (before deductions and exclusions)		
Par	t 3:	List	Certain Pa	yments You	Made Before You Filed for	r Bankrı	uptcy					
6.	Are □	No.	Neither De individual puring the No. Yes	ebtor 1 nor D primarily for a 90 days befor Go to line 7 List below e paid that cri not include to adjustment	P's debts primarily consume Debtor 2 has primarily consumer personal, family, or househouse you filed for bankruptcy, of Deach creditor to whom you pareditor. Do not include payments to an attorney for ton 4/01/25 and every 3 years both have primarily consumer to the primarily	sumer dold purpedid you paid a totalents for a this banders after	ebts. Consumer debtoose."  cay any creditor a total al of \$7,575* or more indomestic support oblighkruptcy case. that for cases filed on	l of \$7,575* or mo n one or more pay lations, such as ch	re? /ments and tl nild support a	ne total amount you nd alimony. Also, do		
		100.	During the		ore you filed for bankruptcy, o			l of \$600 or more?	•			
			■ No.	Go to line 7								
			□ Yes	include pay	each creditor to whom you par ments for domestic support this bankruptcy case.							
	Cre	ditor'	s Name and	d Address	Dates of paym	ent	Total amount paid	Amount you still owe	Was this p	payment for		

7.	Within 1 year before you filed for bankrupt Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	artners contr	s; relatives of any general, or owner of 20% or	eral partners; partner r more of their voting	erships of wl g securities;	nich you are a gene and any managing	ral partner; corporations agent, including one fo			
	■ No									
	☐ Yes. List all payments to an insider.									
	Insider's Name and Address	Dat	tes of payment	Total amount paid	Amount still	you Reason fo owe	r this payment			
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos	•		ments or transfer a	any propert	y on account of a	debt that benefited an			
	No									
	Yes. List all payments to an insider	_								
	Insider's Name and Address	Da	tes of payment	Total amount paid	Amount still		r this payment ditor's name			
Pai	rt 4: Identify Legal Actions, Repossession	ns, ar	nd Foreclosures							
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.									
	<ul><li>No</li><li>Yes. Fill in the details.</li></ul>									
	Case title Case number	Na	ture of the case	Court or agency		Status of t	he case			
10.	Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.									
	<ul><li>No. Go to line 11.</li><li>Yes. Fill in the information below.</li></ul>									
	Creditor Name and Address	De	' '			Date	Value of the property			
		Ex	plain what happened							
11.	Within 90 days before you filed for bankrul accounts or refuse to make a payment become No			uding a bank or fii	nancial inst	itution, set off any	amounts from your			
	☐ Yes. Fill in the details.									
	Creditor Name and Address	De	scribe the action the	creditor took		Date action was taken	Amount			
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a			rty in the possess	ion of an as	ssignee for the ber	nefit of creditors, a			
	■ No									
	☐ Yes									
Pai	rt 5: List Certain Gifts and Contributions									
13.	Within 2 years before you filed for bankrup	otcy, c	did you give any gifts	with a total value	of more tha	an \$600 per persor	1?			
	■ No									
	☐ Yes. Fill in the details for each gift.									
	Gifts with a total value of more than \$600 per person		Describe the gifts			Dates you gave the gifts	Value			
	Person to Whom You Gave the Gift and									

Debtor 1 Devin J Rostron

14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No  Yes. Fill in the details for each gift or contribution.									
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code		Describe what you contributed		Dates you contributed	Value				
Par	t 6: List Certain Losses									
15.	Within 1 year before you filed for bankrup or gambling?	ptcy or s	since you filed for bankruptcy, did y	ou lose anytl	ning because of thef	t, fire, other disaste				
	■ No □ Yes. Fill in the details.									
	Describe the property you lost and how the loss occurred	Include	the amount that insurance has paid. Lose claims on line 33 of Schedule A/B:	ist pending	Date of your loss	Value of property loss				
Par	t 7: List Certain Payments or Transfers	<b>S</b>								
16.	Within 1 year before you filed for bankrup consulted about seeking bankruptcy or place any attorneys, bankruptcy petition policy.  No Yes. Fill in the details.	oreparin	g a bankruptcy petition?			rty to anyone you				
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y	transferred address		erty	Date payment or transfer was made	Amount of payment				
	Seelinger Law Corporation 4640 Wolf Road Erie, PA 16505 rebeka@seelingerlaw.com	Law Corporation Attorney Fees Road 6505			October 22, 2024 (client paid \$500 attorney fees and \$500 in administrative costs)	\$500.00				
17.	promised to help you deal with your cred Do not include any payment or transfer that	ditors or	to make payments to your creditor	behalf pay os?	r transfer any prope	rty to anyone who				
	■ No □ Yes. Fill in the details.									
	Person Who Was Paid Address		Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment				
18.	Within 2 years before you filed for bankru transferred in the ordinary course of you Include both outright transfers and transfers include gifts and transfers that you have alred No	r busine made a	ess or financial affairs? s security (such as the granting of a s							
	Yes. Fill in the details.  Person Who Received Transfer		Description and value of	Describe a	iny property or	Date transfer was				
	Address		property transferred		received or debts	made				
	Person's relationship to you									

Debtor 1 Devin J Rostron

Debtor 1 Devin J Rostron Case number (if known)

	Person Who Received Transfer Address Person's relationship to you	Description and v property transfer		paymer	e any property or nts received or debts exchange	Date transfer was made			
	• •			\$700					
	Independent Muffler 5619 West Ridge Road Erie, PA 16506		2003 GMC Sierra 2003 inoperable (rusted) with plow			January 2024			
	None								
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro		y property to a s	self-settled	trust or similar device	of which you are a			
	No The state of th								
	Yes. Fill in the details.								
	Name of trust	Description and v	alue of the prop	erty transf	erred	Date Transfer was made			
Par		•	•	J					
	Within 1 year before you filed for bankruptcy	, were any financial ac	counts or instru	ments held	I in your name, or for yo	our benefit, closed,			
	sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No								
	Yes. Fill in the details.								
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account instrument	e of account or Date account was closed, sold, moved, or transferred		Last balance before closing or transfer			
	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?								
	■ No								
	Yes. Fill in the details.								
		Who else had acc	occ to it?	Docariba th	o contonto	Do you otill			
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Address (Number, S State and ZIP Code)				Do you still have it?			
22.	Have you stored property in a storage unit o	r place other than your	home within 1 y	ear before	you filed for bankrupto	y?			
	■ No □ Yes. Fill in the details.								
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h	as or had access Describe the contents			Do you still have it?			
		Address (Number, S State and ZIP Code)	Street, City,						
Par	9: Identify Property You Hold or Control	·							
23.	Do you hold or control any property that sor for someone.	neone else owns? Incl	ude any property	y you borro	wed from, are storing f	or, or hold in trust			
	■ No □ Yes. Fill in the details.								
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)  Describe the property				Value			
Par	10: Give Details About Environmental Info	,							

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

Debtor 1 **Devin J Rostron** Case number (if known)

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Rep	ort all notices, releases, and proceedings tha	at you know about, regardless of when	they occurred.	
24.	Has any governmental unit notified you that	you may be liable or potentially liable	under or in violation of an environme	ntal law?
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of	any release of hazardous material?		
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or adm	ninistrative proceeding under any envir	onmental law? Include settlements a	nd orders.
	■ No □ Yes. Fill in the details.			
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Par	t 11: Give Details About Your Business or 0	Connections to Any Business		
27.	Within 4 years before you filed for bankrupt	cy, did you own a business or have any	of the following connections to any	business?
	■ A sole proprietor or self-employed in	n a trade, profession, or other activity,	either full-time or part-time	
	☐ A member of a limited liability comp	any (LLC) or limited liability partnershi	p (LLP)	
	☐ A partner in a partnership			
	☐ An officer, director, or managing exe	ecutive of a corporation		
	☐ An owner of at least 5% of the voting	g or equity securities of a corporation		
	☐ No. None of the above applies. Go to P	art 12.		
	■ Yes. Check all that apply above and fill	in the details below for each business.		
	Business Name	Describe the nature of the business	Employer Identification number	
	Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security r	iumber of frin.
	Devin's Snow Removal 551 W 10th Street	Snow plowing	EIN: N/A	
	Erie, PA 16501	N/A	From-To 2012 to 2022	
	Lake Erie Landscaping 551 W 10th Street	Mowing/edging and simple plantings	EIN: N/A	
	Erie, PA 16501	N/A	From-To 2019-2022	

Debte	or 1 Devin J Rostron		Case number (if known)
iı -	Vithin 2 years before you filed for bankrup nstitutions, creditors, or other parties.	tcy, did you give a financial statement to	anyone about your business? Include all financial
-	Yes. Fill in the details below.		
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
Part	12: Sign Below		
with a 18 U.S /s/ D	bankruptcy case can result in fines up to S.C. §§ 152, 1341, 1519, and 3571. evin J Rostron	\$250,000, or imprisonment for up to 20 y	obtaining money or property by fraud in connection ears, or both.
	n J Rostron ature of Debtor 1	Signature of Debtor 2	
Date	November 18, 2024	Date	
Did yo ■ No □ Ye		ent of Financial Affairs for Individuals Fil	ing for Bankruptcy (Official Form 107)?
Did yo	ou pay or agree to pay someone who is no	t an attorney to help you fill out bankrupt	tcy forms?
☐ Ye	s. Name of Person Attach the Bankru	uptcy Petition Preparer's Notice, Declaration	, and Signature (Official Form 119).

Fill in this information to identify your case:							
Debtor 1	Devin J Rostron						
Debtor 2 (Spouse, if filing)							
United States B	Bankruptcy Court for the: Western	District of Pennsylvania					
Case number (if known)							

Check	as directed in lines 17 and 21:						
	cording to the calculations required by this tement:						
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).						
	<ol> <li>Disposable income is determined under 11 U.S.C. § 1325(b)(3).</li> </ol>						
3. The commitment period is 3 years.							
	4. The commitment period is 5 years.						

☐ Check if this is an amended filing

### Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part	Calculate Your Average Monthly Income							
1.	What is your marital and filing status? Check one of	nly.						
	■ Not married. Fill out Column A, lines 2-11.							
	☐ Married. Fill out both Columns A and B, lines 2-11.							
10 th	ill in the average monthly income that you received from al 01(10A). For example, if you are filing on September 15, the 6- te 6 months, add the income for all 6 months and divide the total couses own the same rental property, put the income from that	month per al by 6. Fil	iod would I in the re	l be March 1 throu sult. Do not includ	igh Aud le any i	gust 31. If the amoint m	ount of your monthly incomore than once. For examp	e varied during le, if both
					Colui Debt		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and co	mmissi	ons (before all	\$	5,981.58	\$	
3.	<b>Alimony and maintenance payments.</b> Do not include Column B is filled in.	e payme	nts from	a spouse if	\$	0.00	\$	
4.	All amounts from any source which are regularly pof you or your dependents, including child suppor from an unmarried partner, members of your househol and roommates. Do not include payments from a spouyou listed on line 3.	<b>t.</b> Include ld, your c	e regulai depende	r contributions nts, parents,	\$	0.00	\$	
5.	Net income from operating a business, profession, or farm	Debtor	1					
	Gross receipts (before all deductions)	\$	0.00					
	Ordinary and necessary operating expenses	-\$	0.00					
	Net monthly income from a business, profession, or fa	rm \$	0.00	Copy here ->	\$	0.00	\$	
6.	Net income from rental and other real property	Debtor	1					
	Gross receipts (before all deductions)	\$	0.00					
	Ordinary and necessary operating expenses	-\$	0.00					
	Net monthly income from rental or other real property	\$	0.00	Copy here ->	\$	0.00	\$	

					Column A Debtor 1		Column B Debtor 2 or non-filing s			
7.	Interest, c	dividends, and royalties			\$	0.00	\$			
8.	Unemploy	yment compensation			\$	0.00	\$			
	the Social	ter the amount if you contend that the amount Security Act. Instead, list it here:								
	For you		\$ 0.	00						
		r spouse								
9.	benefit und not include United Sta disability, of pay paid undoes not e	or retirement income. Do not include any der the Social Security Act. Also, except as any compensation, pension, pay, annuity ates Government in connection with a disalt or death of a member of the uniformed serunder chapter 61 of title 10, then include the exceed the amount of retired pay to which ynder any provision of title 10 other than chapter 61 of title 10 other than chapter 61 of title 10 other than chapter 61 or title 10 other 61 or title 10 or title 10 other 61 or title 10 other 61	s stated in the next senter, or allowance paid by the pility, combat-related injury vices. If you received any at pay only to the extent to you would otherwise be e	nce, do e ry or retired hat it	\$	0.00	\$			
10.	Do not incorreceived a domestic t United Statistically, of the control of the con	om all other sources not listed above. Some all other sources not listed above. Some any benefits received under the Socials a victim of a war crime, a crime against herrorism; or compensation, pension, pay, attes Government in connection with a disaltor death of a member of the uniformed sern a separate page and put the total below.	al Security Act; payments numanity, or international annuity, or allowance paid pility, combat-related inju	or d by the ry or						
	_				\$	0.00	\$			
	_				\$	0.00	\$			
	Т	otal amounts from separate pages, if any.		+	\$	0.00	\$			
11.		your total average monthly income. Add mn. Then add the total for Column A to the		\$	5,981.58	+ \$_			5,981.58	
Part	2: Det	termine How to Measure Your Deduction	ns from Income					mor	nthly income	)
12. 13.	Copy you Calculate	r total average monthly income from lin the marital adjustment. Check one:	e 11					\$	5,981.58	<u>B</u> _
	■ You a	are not married. Fill in 0 below.								
	☐ You a	are married and your spouse is filing with y	ou. Fill in 0 below.							
	Fill in depe Belov adjus	are married and your spouse is not filing wind the amount of the income listed in line 11, ndents, such as payment of the spouse's two, specify the basis for excluding this inconstruction as separate page.	, Column B, that was NO ax liability or the spouse's ne and the amount of inc	s suppor	t of someone	other th	an you or your	depende	nts.	
	11 11113	adjustment does not apply, enter o below	•	\$						
				\$						
				+\$		_				
		Total		\$	0.00	)Co	ppy here=>		0	.00
14.	Your cur	rrent monthly income. Subtract line 13 fr	om line 12.			_		\$	5,981.58	<b>B</b>
15.		e your current monthly income for the y	·					\$	5,981.58	8

Debto	or 1	De	Multiply line 15a by 12 (the number of months in a year).  Devin J Rostron  Multiply line 15a by 12 (the number of months in a year).  The result is your current monthly income for the year for this part of the form.  Multiply line 15a by 12 (the number of months in a year).  The result is your current monthly income for the year for this part of the form.  Multiply line 15a by 12 (the number of people in your household.  PA  Fill in the median family income for your state and size of household.  To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.  **do the lines compare?**  Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposal 1 U.S.C. § 1325(b)(3). Go to Part 3. D NOT fill out Calculation of Your Disposable Income (Official Form 1: your current monthly income from line 14 above.  Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)  Ty your total average monthly income from line 11.  Luct the marital adjustment if it applies. If you are married, your spouse is not filling with you, and you set si income, copy the amount from line 13.  If the marital adjustment does not apply, fill in 0 on line 19a.  Subtract line 19a from line 18.  Subtract line 19a from line 18.  Multiply by 12 (the number of months in a year).  The result is your current monthly income for the year for this part of the form  Copy the median family income for your state and size of household from line 16c.  How do the lines compare?  Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this for period is 3 years. Go to Part 4.	Case number (if known)			
		N	Multiply line 15a by 12 (the number of months in	า a year).			<b>(</b> 12
	15	b. T	The result is your current monthly income for th	e year for this part o	f the form.	\$_	71,778.96
16.	Cal	cula	te the median family income that applies to	you. Follow these st	reps:		
	16a	. Fill	in the state in which you live.	PA	-		
	16b	. Fill	in the number of people in your household.	1			
	16c.	То	find a list of applicable median income amount	s, go online using th		\$_	65,737.00
17.	Hov	_	<u> </u>				
	17a	. [					
	17b	.	1325(b)(3). Go to Part 3 and fill out Calc	ulation of Your Dis			
Part	3:	С	alculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)	)		
18.	Cop	у ус	our total average monthly income from line	l1 .		\$	5,981.58
	Ded	luct tend	the marital adjustment if it applies. If you are that calculating the commitment period under	e married, your spou	se is not filing with you, and you		
	19a	. If th	e marital adjustment does not apply, fill in 0 or	ı line 19a.		<b>-</b> \$	0.00
	19b	. Sul	otract line 19a from line 18.			\$	5,981.58
20.	Cal	cula	te your current monthly income for the year	. Follow these steps	): ::		
	20a	. Co <sub>l</sub>	by line 19b			\$_	5,981.58
		Mu	Itiply by 12 (the number of months in a year).				<b>c</b> 12
	20b	. The	e result is your current monthly income for the y	ear for this part of th	ne form	\$_	71,778.96
	20c.	. Co <sub>l</sub>	by the median family income for your state and	size of household fr	om line 16c	\$_	65,737.00
	21.	Но	w do the lines compare?				
				ise ordered by the co	ourt, on the top of page 1 of this form, ch	eck box 3, 7	The commitment
			Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.	nless otherwise orde	ered by the court, on the top of page 1 of	this form, ch	neck box 4, The
Part	4:	s	ign Below				
	By s	ignii	ng here, under penalty of perjury I declare that	the information on th	nis statement and in any attachments is t	rue and cor	rect.
Х	/s/	De	vin J Rostron				
			J Rostron ure of Debtor 1				
	Date		ovember 18, 2024				
	If vo		M / DD / YYYY ecked 17a, do NOT fill out or file Form 122C-2				
	•		ecked 17b, fill out Form 122C-2 and file it with		of that form, copy your current monthly i	ncome from	n line 14 above.

Devin J Rostron	Case number (if known)	

Fill in	this information	n to identify you	r case:					
Debto	r 1 <b>Devi</b>	n J Rostron			-			
Debto (Spou	r 2 se, if filing)				-			
United	d States Bankrup	tcy Court for the:	Western District	of Pennsylvania	-			
Case (if kno	number own)					☐ Check if t	this is an amended	d filing
	npter 13 (	Calculatio	n of Your	Disposable	Income			04/22
		ou will need you Official Form 122		of Chapter 13 State	ment of Your Curre	nt Monthly Inc	ome and Calculation	on of
space	is needed, atta	ch a separate she		d people are filing to nclude the line numb known).				
Part 1	Calculate	Your Deductions	s from Your Incon	ne				
the info	questions in li	nes 6-15. To find so be available a	the IRS standards at the bankruptcy	and Local Standards s, go online using th clerk's office. dless of your actual ea	e link specified in the	he separate in	structions for this	form. This
exp	enses if they are	higher than the s	tandards. Do not ir	nclude any operating of acted from your spous	expenses that you su	ubtracted from i	ncome in lines 5 and	
If yo	our expenses dif	fer from month to	month, enter the av	verage expense.				
Not	e: Line numbers	1-4 are not used	in this form. These	numbers apply to info	ormation required by	a similar form	used in chapter 7 ca	ses.
5.	The number of	f people used in	determining your	deductions from in	come			
	plus the number		al dependents whor	as exemptions on you m you support. This n			1	
Nat	tional Standard	S You mi	ust use the IRS Na	tional Standards to ar	nswer the questions i	n lines 6-7.		
6.			<b>s:</b> Using the numb nt for food, clothing	er of people you ente g, and other items.	red in line 5 and the I	IRS National	\$	808.00
7.	the dollar amo people who are	unt for out-of-pock 65 or olderbeca	et health care. The ause older people h	number of people you e number of people is have a higher IRS allo dditional amount on li	split into two categor wance for health car	riespeople wh	o are under 65 and	

Ped	ople w	who are under 65 years of age								
	7a.	Out-of-pocket health care allowance per person	\$	83						
	7b.	Number of people who are under 65	X	1						
	7c.	<b>Subtotal.</b> Multiply line 7a by line 7b.	\$	83.00	Co	py here=>	\$	83.00		
Ped	ople w	vho are 65 years of age or older								
	7d.	Out-of-pocket health care allowance per person	\$	158						
	7e.	Number of people who are 65 or older	Χ	0						
	7f.	Subtotal. Multiply line 7d by line 7e.	\$	0.00	Со	py here=>	\$_	0.00		
	7g.	Total. Add line 7c and line 7f		\$	83.	.00	С	opy total here	:> <b>\$</b>	83.00
Loc	al Sta	andards You must use the IRS Local Standards to	answer the	e questions	s in lines 8-	15.				
		n information from the IRS, the U.S. Trustee Prog tcy purposes into two parts:	gram has di	ivided the	IRS Local	Standard	for h	ousing for		
_	_	ing and utilities - Insurance and operating expens	ses							
	Housi	ing and utilities - Mortgage or rent expenses								
		er the questions in lines 8-9, use the U.S. Trustee						ising the link	specified	in the
<b>sep</b> 8.	Hou	instructions for this form. This chart may also busing and utilities - Insurance and operating expense dollar amount listed for your county for insurance a	enses: Usin	g the numb	per of peopl			n line 5, fill \$		586.00
9.	Hou	ising and utilities - Mortgage or rent expenses:								
	9a.	Using the number of people you entered in line 5, filisted for your county for mortgage or rent expenses		ar amount			\$_	927.00		
	9b.	Total average monthly payment for all mortgages a	nd other de	bts secure	d by your h	ome.				
		To calculate the total average monthly payment, accontractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60.								
		Name of the creditor	Aver payn	age month nent	nly					
		Figure Lending	\$	441	1.00					
		Flagstar Bank	\$	927	7.05					
		9b. Total average monthly paymen	st \$	1,368	3.05 Co	py re=> - <sup>(</sup>	\$	1,368.05	Repeat on line	this amount 33a.
	9c.	Net mortgage or rent expense.								
		Subtract line 9b (total average monthly payment) froor rent expense). If this number is less than \$0, ent		mortgage	:	\$	(	0.00 Copy here=	> \$	0.00

Explain why:

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

Debtor 1	Devin J Rostron			Case	number (if ki	nown)		
11.	Local transportation expense	es: Check the number of vehic	cles for which you c	laim an o	wnership o	or operating	expense.	
	☐ 0. Go to line 14.							
	■ 1. Go to line 12.							
	2 or more. Go to line 12.							
12.	Vehicle operation expense: Loperating expenses, fill in the Co							285.00
13.	Vehicle ownership or lease e You may not claim the expense more than two vehicles.	xpense: Using the IRS Local	Standards, calculate	te the net	ownership	o or lease e	xpense for each v	
Ve	hicle 1 Describe Vehicle 1:	2016 Ford F150Superc party KBB value	rew Cab XL Pick	kup 1800	00 miles	Private		
13a.	. Ownership or leasing costs using	ng IRS Local Standard			\$	619.00		
13b.	. Average monthly payment for a	all debts secured by Vehicle 1						
	Do not include costs for leased	vehicles.						
	To calculate the average month are contractually due to each subankruptcy. Then divide by 60.							
	Name of each creditor fo	or Vehicle 1	Average monthly payment	y				
	Erie Federal Credit Ur	nion	\$\$	00				
	Total	Average Monthly Payment	\$354.	00 Co	py re => -\$	354	Repeat this amount on line 33b.	
13c.	. Net Vehicle 1 ownership or leas	se expense					Copy net Vehicle 1	
	Subtract line 13b from line 13a.	if this number is less than \$0	), enter \$0		\$	265.00	expense here => \$ _	265.00
Ve	hicle 2 Describe Vehicle 2:							
13d.	. Ownership or leasing costs usin				\$	0.00		
13e.	. Average monthly payment for a leased vehicles.	all debts secured by Vehicle 2	. Do not include cos	sts for				
	Name of each creditor fo	or Vehicle 2	Average monthly payment	y				
			\$					
	Total	average monthly payment	\$	Co he =>	re	0.0	Repeat this amount on line 33c.	
13f.	Net Vehicle 2 ownership or least Subtract line 13e from line 13d.	•	), enter \$0		\$	0.00	Copy net Vehicle 2 expense here => \$	0.00
14.	Public transportation expens Public Transportation expens						n the \$	0.00
15.	Additional public transportat also deduct a public transportar not claim more than the IRS Lo	ion expense: If you claimed fition expense, you may fill in w	1 or more vehicles i hat you believe is t	n line 11 a	and if you	claim that y		0.00

otor 1	Devin J Rostron Case number (if known)		
Oth	ner Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly extended the following IRS categories.	penses for	
16.	<b>Taxes:</b> The total monthly amount that you will actually pay for federal, state and local taxes, such as income tax self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withhel your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes.	d from	1,417.00
17.	<b>Involuntary deductions:</b> The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.		
	Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savir	ngs. \$ _	0.00
18.	<b>Life Insurance:</b> The total monthly premiums that you pay for your own term life insurance. If two married people filing together, include payments that you make for your spouse's term life insurance.  Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for an of life insurance other than term.		31.45
19.	Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in lir	ne 35. \$	0.00
20.	Education: The total monthly amount that you pay for education that is either required:  as a condition for your job, or		
	for your physically or mentally challenged dependent child if no public education is available for similar service	ces. \$	0.00
21.	<b>Childcare:</b> The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and pres Do not include payments for any elementary or secondary school education.	school. \$ _	0.00
22.	Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health countries that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.		0.00
23.	<b>Optional telephone and telephone services:</b> The total monthly amount that you pay for telecommunication set for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or busines phone service, to the extent necessary for your health and welfare or that of your dependents or for the production income, if it is not reimbursed by your employer.	s cell	
	Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employer expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.	ment +\$ _	0.00
24.	Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23.	\$	3,475.45
Add	ditional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.		
25.	<b>Health insurance, disability insurance, and health savings account expenses.</b> The monthly expenses for hinsurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spyour dependents.		
	Health insurance \$ 367.00		
	Disability insurance \$ 0.00		
	Health savings account + \$		
	Total \$ 367.00 Copy total here=>	\$	367.00

Do you actually spend this total amount? 

No. How much do you actually spend?

\$

26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)

27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential.

0.00

28.	Additional home energy costs. Your hom line 8.	e energy costs are included in your insurance	e and operating e	xpenses	on	
		osts that are more than the home energy cos	ts included in exp	enses or	n line	
	·	ation of your actual expenses, and you must s	show that the add	ditional	\$	0.00
29.		Iren who are younger than 18. The monthly pendent children who are younger than 18 years.			or	
	You must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must on already accounted for in lines 6-23.	explain why the a	mount		
	* Subject to adjustment on 4/01/25, and eve	ery 3 years after that for cases begun on or af	fter the date of ac	ljustment	. \$	0.00
30.	Additional food and clothing expense. Thigher than the combined food and clothing than 5% of the food and clothing allowance					
		ional allowance, go online using the link spec so be available at the bankruptcy clerk's office		ate		
	You must show that the additional amount	claimed is reasonable and necessary.			\$	0.00
31.	Continuing charitable contributions. The instruments to a religious or charitable orga	amount that you will continue to contribute in inization. 11 U.S.C. § 548(d)(3) and (4).	n the form of cash	or finan	cial	
	Do not include any amount more than 15%	of your gross monthly income.			\$	0.00
32. Add all of the additional expense deductions. Add lines 25 through 31.					\$_	367.00
Ded	uctions for Debt Payment					
-	reditor in the 60 months after you file for ba	ent, add all amounts that are contractually du	ie to each secure	d		
	Mortgages on your home					erage monthly ment
33a.	Copy line 9b here			=	=> \$	1,368.05
	Loans on your first two vehicles					
33b.	Copy line 13b here			=	=> \$	354.00
33c.					=> \$	0.00
33d.	List other secured debts:					
Nam	e of each creditor for other secured debt	Identify property that secures the debt	inclu	s paymer ide taxes surance?		
				No		
	-NONE-			Yes	\$	
					· <u>-</u>	
				No		
				Yes	\$_	
				No		
				Yes +	<b>+</b> \$_	
			_		_	
					Сору	

**Devin J Rostron** 

	debts that you listed in line property necessary for you				e,					
■ No.	Go to line 35.									
	State any amount that you	ssession of your property (ca								
Name of the	creditor	Identify property that secure	es the	e debt	To	otal cure amount			nthly	cure
-NONE-				\$	6	-	<del>-</del> 60 =		ount	
				Total	\$	0.00	Co tot her		\$	0.00
	owe any priority claims - su due as of the filing date of				hat					
■ No.	Go to line 36.									
☐ Yes.	Fill in the total amount of all ongoing priority claims, suc	of these priority claims. Do has those you listed in line		nclude current or						
	Total amount of all past-do	ue priority claims			\$	0.00	÷	60	\$	0.00
36. Projecte	d monthly Chapter 13 plan	payment			\$	2,200.00				
Office of the Exec To find a I	Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).  To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.									
Average	monthly administrative expense	nse				\$123.20	Copy here=			123.20
37. Add all	of the deductions for debt	payment. Add lines 33e thr	ough	36.					\$	1,845.25
Total Deduc	tions from Income									
38. Add all d	of the allowed deductions.									
Copy lir expens	ne 24, All of the expenses all e allowances	owed under IRS	\$	3,475.4	5					
Copy lir	ne 32, All of the additional ex	pense deductions	\$	367.0	0					
Copy lir	ne 37, All of the deductions fo	or debt payment	+\$	1,845.2	5_					
Total de	eductions		\$	5,687.7	0_	Copy total here=>		\$		5,687.70

art 2:	Determine Yo	ur Disposable Income Under 11 U.S.C. § 13	25(b)(2)			
		rent monthly income from line 14 of Form Current Monthly Income and Calculation of				\$\$
<b>chilo</b> disal rece	dren. The month bility payments f ived in accordar	oly necessary income you receive for supporting average of any child support payments, fos or a dependent child, reported in Part I of Fornace with applicable nonbankruptcy law to the ended for such child.	ter care payments, on 122C-1, that you	or	\$ 0	.00
41. Fill i emp in 11	n all qualified r	etirement deductions. The monthly total of a om wages as contributions for qualified retirem (7) plus all required repayments of loans from	nent plans, as speci	fied	\$ 304	.89
42. <b>Tota</b>	I of all deduction	ons allowed under 11 U.S.C. § 707(b)(2)(A).	Copy line 38 here	=>	\$5,687	.70
expe their	43. <b>Deduction for special circumstances.</b> If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.					
Describ	e the special ci	rcumstances	Amount of e	xpen	ise	
			\$			
			 \$			
_			\$			
_					 ]	
		Total	\$	0_	Copy here=>\$	0.00
44. <b>Tot</b> a	ıl adjustments.	Add lines 40 through 43.	=>	\$	5,992.59	Copy here=> -\$ 5,992.59
45. <b>Calc</b>	ulate your mor	nthly disposable income under § 1325(b)(2).	. Subtract line 44 fro	m lin	ne 39.	\$
art 3:	Change in Inc	ome or Expenses				
have time you	changed or are your case will b filed your petition	or expenses. If the income in Form 122C-1 or evirtually certain to change after the date you fe open, fill in the information below. For example, check 122C-1 in the first column, enter line in when the increase occurred, and fill in the a	iled your bankruptc ole, if the wages rep 2 in the second colu	y peti orted imn, e	ition and during the dincreased after	
Form	Line	Reason for change	Date of cha	nge	Increase or decrease?	Amount of change
☐ 122C-☐	2 1 1 1 1				☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Increase ☐ Decrease ☐ Increase	\$ \$ \$
☐ 122C-					_ Decrease	Ψ

**Devin J Rostron** 

Part 4:	Sign Below
ı	By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.
X	/s/ Devin J Rostron
	Devin J Rostron Signature of Debtor 1
Date	November 18, 2024  MM / DD / YYYY

**Devin J Rostron** 

### **Current Monthly Income Details for the Debtor**

### **Debtor Income Details:**

Income for the Period 05/01/2024 to 10/31/2024.

### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Ryder

Income	hv	M	onth:
mcomc	υy	TAT	onu.

111001110071111111		
6 Months Ago:	05/2024	\$6,253.40
5 Months Ago:	06/2024	\$5,624.83
4 Months Ago:	07/2024	\$6,802.44
3 Months Ago:	08/2024	\$5,804.10
2 Months Ago:	09/2024	\$5,439.77
Last Month:	10/2024	\$5,964.92
	Average per month:	\$5,981.58

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapt	er 7:	Liquidation	
	\$245	filing fee	
	\$78	administrative fee	
<u>+</u>	\$15	trustee surcharge	
	\$338	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses">http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses</a>.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses">http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses</a>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### United States Bankruptcy Court Western District of Pennsylvania

In re		Case No.	
	Debtor(s)	Chapter	13
	DISCLOSURE OF COMPENSATION OF ATTOR	NEY FOR DE	CBTOR(S)
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorne compensation paid to me within one year before the filing of the petition in bankruptcy, of be rendered on behalf of the debtor(s) in contemplation of or in connection with the bank	or agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept	\$	5,000.00
	Prior to the filing of this statement I have received	\$	500.00
	Balance Due	\$	4,500.00
2.	\$313.00 of the filing fee has been paid.		
3.	The source of the compensation paid to me was:		
	■ Debtor □ Other (specify):		
4.	The source of compensation to be paid to me is:		
	■ Debtor □ Other (specify):		
5.	■ I have not agreed to share the above-disclosed compensation with any other person u	inless they are mem	bers and associates of my law firm
	☐ I have agreed to share the above-disclosed compensation with a person or persons who copy of the agreement, together with a list of the names of the people sharing in the copy of the agreement.		
6.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects	of the bankruptcy c	ase, including:
1	a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determined by the Preparation and filing of any petition, schedules, statement of affairs and plan which is Representation of the debtor at the meeting of creditors and confirmation hearing, and [Other provisions as needed]	may be required;	

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Regarding paragraph 6, the \$5,000 initial fee shall be applied towards hourly compensation as provided for in the retainer agreement executed by counsel and debtor; all provisions of the retainer agreement are incorporated herein.

All attorneys' fees shall be billed at an hourly rate of \$300, in increments of 1/10th hour. Said rate is subject to change based upon annual review/audit by the lawfirm. The Client hereby agrees and consents to any application by the attorneys for additional fees and reimbursement of costs in the event the attorneys' fees exceed \$5000 and/or costs exceed \$500. The Client hereby agrees and consents to any application by the attorneys for additional fees and/or reimbursement of costs in a case where loss mitigation (LMP) is pursued, should the LMP fees exceed \$1000 and/or costs exceed \$80 Client also agrees to the modification of the Chapter 13 plan in order to pay these additional approved sums if necessary and applicable.

In re	Devin J Rostron	Case No.
	Dalston(s)	

Debtor(s)

## DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

	CERTIFICATION
I certify that the foregoing is a complete state this bankruptcy proceeding.	ement of any agreement or arrangement for payment to me for representation of the debtor(s) in
November 18, 2024	/s/ Rebeka A Seelinger Esq.
Date	Rebeka A Seelinger Esq.
	Signature of Attorney
	Seelinger Law Corporation
	4640 Wolf Road
	Erie, PA 16505
	814 824 6670
	rebeka@seelingerlaw.com
	Name of law firm

### United States Bankruptcy Court Western District of Pennsylvania

In re	Devin J Rostron		Case No.	
		Debtor(s)	Chapter	13
VERIFICATION OF CREDITOR MATRIX				
The ab	ove-named Debtor hereby verifies	that the attached list of creditors is true and co	orrect to the best	of his/her knowledge.
Date:	November 18, 2024	/s/ Devin J Rostron		
		Devin J Rostron		
		Signature of Debtor		